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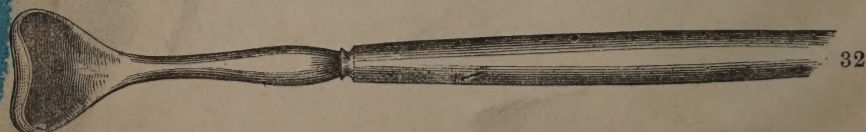
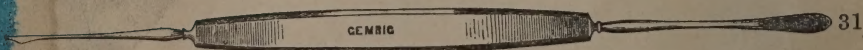
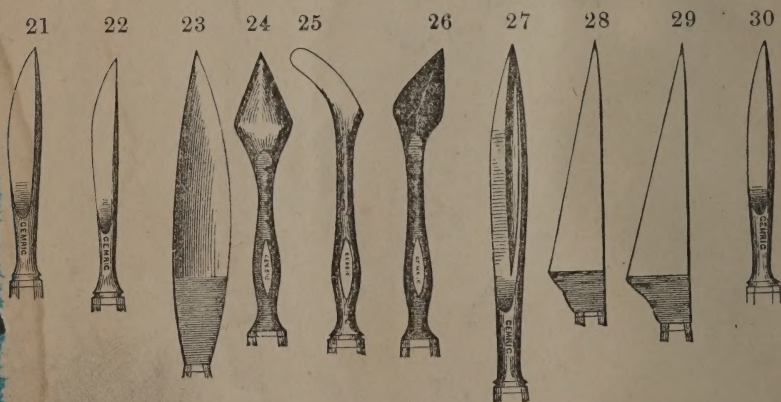
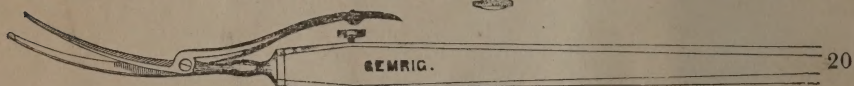
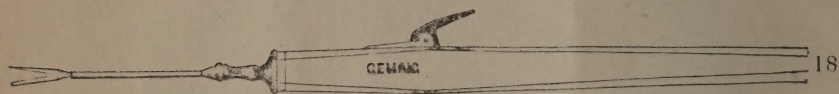
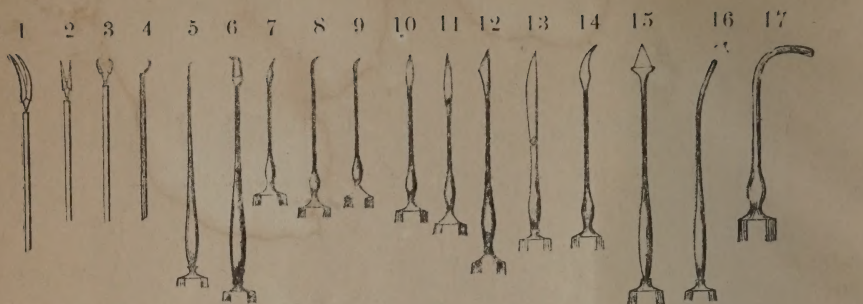
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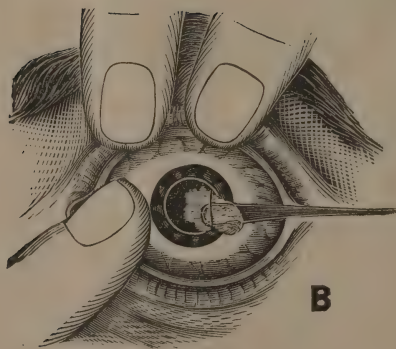
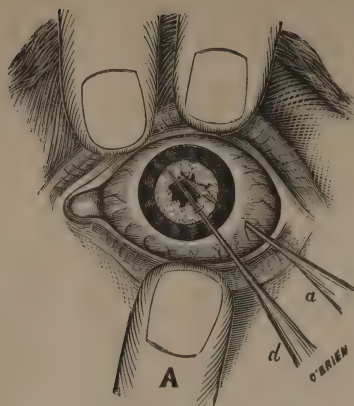
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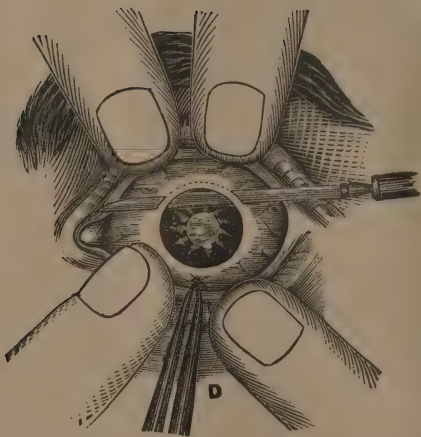
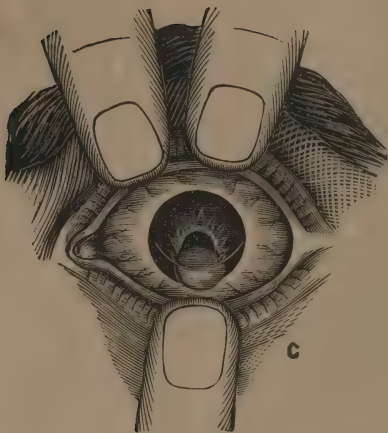


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AMERICAN HOMŒOPATHIC OBSERVER.

AMERICAN
OBSERVER;

A MONTHLY JOURNAL

DEVOTED TO THE DISSEMINATION OF

HOMŒOPATHY,

"THE MEDICINE OF EXPERIENCE."

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Introductory.

ANNO DOMINI 1842, 1861, 1869.

Three significant dates for showing how "the whirligig of time brings about its revenges;" and, as we hardly know of a pleasanter topic for the beginning of the OBSERVER's new year of usefulness, let us consider the three dates.

Before 1842 Gram had raised his earnest voice and introduced homœopathy into the new world. Before 1842 Gray's loyal heart had given its fealty to homœopathy; and the kind-eyed, strong-souled Wilson had sealed his devotion with such a sacrifice as will for ever hallow his memory. And more, before 1842, the New York State Medical Society, old school, had conferred an honorary membership upon Samuel Frederick Christian Hahnemann.

In 1842, the *Boston Society for the Diffusion of Useful Knowledge* employed an allopathic Balaam to curse the new school; which he did in two lectures on "Homœopathy, and its kindred delusions." He is a joking Balaam; a fearful joker, too; one who "dare not be as funny as he can," and he fed the useful-knowledge-diffusers with such jokes as this: "Not many years can pass away before the same curiosity excited by one of Perkins's tractors will be awakened at the sight of one of the Infinitesimal Globules. If it should claim a longer existence, it

can only be by falling into the hands of the sordid wretches who wring their bread from the cold grasp of disease and death in the hovels of ignorant poverty.”*

“These be parlous words my masters;” and we add, “verily” --but, be it remembered to the honor of the quadrupeds, it was Balaam, and not the ass, who spake *this time*. Aye, it was Balaam, the honorary member of the world’s great “How-Not-To-Do-It” Medical Society; the Balaam whose most positive contribution to science is a *negative*. “I firmly believe that if the materia medica, *as now used (sic in orig.)*, could be sunk to the bottom of the sea, it would be better for mankind, and all the worse for the fishes.”†

But, let us return to History. Well, Balaam’s “diarrhœa of words” on this topic spent itself like a dose of Aloes, in one grand final burst of windy rhetoric; yet the sun rose, and set, as if Balaam had not spoken—worse than all, the “sordid wretches” prospered and multiplied, or, even as of old, Balaam’s curse was a blessing.

Turn we now to the second date. In 1861, Balaam re-uttered his curse through the leaden lips of the press. Balaam would prove himself a prophet, but, unhappily, his prediction *lies* in the ground like a mildewed corn. Happily, Balaam believes in himself; and his barren curse has never given him one extra heart-throb. True, he has waited nineteen years, and, pity it is; but in those nineteen long years Humanity has not battered down those “hovels of ignorant poverty;” yet the Balaam-curse is fruitless as a withered womb.

Had the Ass only spoken, he would long since, like an honest Ass, have owned up to a bad job; but not so Balaam; he speaks again, right cheerily, too, saying: “The infinitesimal globules have not become a curiosity as yet, like Perkin’s Tractors. But

*Currents and Counter-currents, p. 176, Boston, 1861.

†Op. cit., p. 39. [As one of Balaam’s school we could heartily endorse the sentiment, wondering the while how in the d—uce *Balaam ever found it out*; for in Balaam’s own “practice” he has been known to prescribe “Jonas Whitcomb’s Remedy,” and we know not what other nostrum.]

time is a very elastic element in Geology and Prophecy. If Daniel's seventy weeks meant four hundred and ninety years, as the learned Prideaux and others have settled it that they do, the 'not many years' of my prediction may be stretched out a generation or two beyond our time, if necessary, when the prediction will no doubt prove true."*

Again the sun rose, and set, in its accustomed way, the "sordid wretches" thanked Baalam for a new lease, and even again they prospered and multiplied. Some were angered at the *hocus-pocus* by which Balaam had avoided *eating the leek*. But, let us be patient, "the mill of the gods grinds slowly, but it grinds exceeding fine."

Now we are ready for the third date. On the evening of July 9th, 1869, THE AMERICAN INSTITUTE OF HOMŒOPATHY—containing some two hundred and forty of the Balaam-cursed "sordid wretches"—accepted a reception at Music Hall from the Mayor and Common Council of Boston.

"As the guests of the City of Boston, the Institute received such an ovation as homœopathy, the progressive school of medicine, had never before enjoyed. The municipal authorities had appropriated twenty-five hundred dollars for the purpose. The best hall, the best organ, the best organist, the best band, and the best glee club in Boston all contributed to make the occasion a memorable one. The floral decorations of tropical and rare plants were unique and tasteful in their arrangement, and added greatly to the grace and beauty of the scene." The Mayor, Hon. N. B. Shurtleff, himself an allopathic physician, cordially greeted the city's guests by a brief address, to which the President of the Institute responded in a few well-chosen words. A poem, by Mrs. Julia Ward Howe, was read by Prof. Sloan. Ample tables, laden with luxuries, were spread in the side rooms and in the lower hall. The large hall was well filled, and among the invited guests were many of the most distinguished

* *Op. cit.* Preface, p. viii.

citizens of New England.* The rich tones of the noble organ, and the fine singing of the Orpheus Glee Club gave great pleasure to all: while the inspiring music of the Germania Band tempted many into the merry dance. It would be a difficult matter to find fifteen hundred brighter and happier faces than were there assembled. The refined and elegant pleasures of the evening in the Boston Music Hall, will long be remembered.”†

Let us compare one stanza of the poem with Balaam’s curse:

“Truth, like a star in darkness hung,
Views not the midnight depths with fear;
But utters, with unfaltering tongue,
‘The steadfast day of God draws near.’”

In 1842, hardly an hundred eyes, on this continent, looked with unutterable yearning at the “star *in darkness hung*,” but in 1869, eight thousand eyes saw Boston—the Boston which once made tea for King George—true to her every instinct, extending the broad open hand to a despised TRUTH.

It was indeed an act befitting the only place in America which has a Fanueil Hall; the only spot in the whole world which has ever been a city of refuge for the persecuted truths of the Nineteenth Century!

Let us tarry a moment on the threshold of the New Year, and ere the tumult of this triumphant vindication has ceased in our hearts, to ask ourselves: “What do we owe to Homœopathy—the only *positive* science of medicine?”

We have had the happiness of realizing its splendid possibilities when the prognoses of Old Physic could only fill the hearts of the anxious ones with the pangs of *ante-mortem* despair.

Many of us who once stood despondingly on the quick sands

*As a piece of the “secret history of this memorable session, let me add that a special committee went to invite Balaam. But their charitable design was frustrated, for he had eaten a very large leek, and, being unused to it, it had “gone to his brain,” and they found him bareheaded in his stable measuring ears with his Ass to see which of them had the longer. He was so absorbed in the task that they didn’t like to disturb him, so *he* didn’t come! C. M.

†New England Med. Gazette, p. 277, vol. iv. 1869.

of Old Physic, are to day exultant and grateful upon the solid rock of the *a priori* positivity of Homœopathy.

Some of us fold loving arms around the dear ones who would now be wrapped in the winding sheet were it not for the *light* and the truth of *Similia Similibus Curantur*.

What do we owe to Homœopathy? Before replying, let me mention an incident. Bæricke and Tafel have bought out Radde, and lately I was looking over the "stock" with Mr. Tafel. In turning over the German books we came upon a work by Hartlaub in I don't know how many octavo volumes. Tafel remarked; "I don't see how they could publish such large books in those days, when there were so few homœopathic physicians!" Dear reader, it is a simple secret: in those days Homœopathy was to (what Dr. S. Lilienthal has beautifully called) the "Old Guard," a matter of conscience, of love, of devotion, not a mere self-procuring "practice."

Not to weary with the titles, let us simply say that before 1840 Early Homœopathy had published some twenty-eight large and expensive volumes upon materia medica, expositions thereof, and repertories. We, the heirs of their devotion, their work, their SACRIFICES, hold our purse-strings too tightly, and cling to the "School," like so many parasites, only for what life we can suck out of it.

If we will, as we should, make Homœopathy the one great and earnest life-work, devoting our every effort to its development, we shall find it universally recognized and the school no longer in the minority. We have no right to seek self-aggrandizement until our principles are known and our practice is *felt* in all the ends of the earth.

To this end, we must first of all sustain our Press. In each of our periodicals our profession finds a voice; each of them is a new spokesman for our interests, our cause, our Truth. We should subscribe (and pay) for every one in our mother tongue and for the foreign ones if we can read them. Just so soon as a Journal "pays" the publisher, just so soon will the editor give

us the very best that he can get. We do not look for a very active life from an anæmic patient; then let us be consistent and not expect any more from an anæmied publisher. Our anæmic patient gets white or green, and *Ferrum* puts the roses on her cheeks; our anæmied publisher gets any thing but *heavenly* "blue," and we must treat him with *Aurum met.* heroically, too. Try it, dear reader, and you'll find a firmer pulse and a clearer head in every one of our Journals.

Only lately the flag of distress was hung out from the office of our ablest American Homœopathic Quarterly. The most scholarly Homœopathic Journal in our country; the fittest representative of American Homœopathy to our European brethren evinces the *dicrotic pulse*, and if all of us do not open our purses we must go to its funeral. Now have you ever thought how the death of one of our Journals alleviates gripes of Old Pysic? If you did, our every serial would outlive Methusalah, and the Galenists would be drawn double with a worse than *Colocynthis* colic.

Our Journals are the pulse of the profession and we should show the world by the healthiest of heart throbs that our nutrition is splendidly normal, and that American Homœopathy is developing

The thews of Anakim.

In our Journals we should cultivate and cherish an honest, fearless, healthy spirit of criticism. Let it be known that it is *pro bono Homœopathia*, and the individual smart will be lost in the general gain.

Some timid souls deplore that such a spirit of controversy obtains amongst us. The stagnant calm of universal acquiescence can only breed a stench; and it is, in any School, the surest symptom of a mental gangrene. Controversy is the evidence of thought, and only corpses do not think.

Having subscribed for all of your Journals we must *read them*, and also every good book that leaps from the press. Our Journals are many mirrors wherein the world sees us as we are—for they will not flatter.

Our second duty, then, is earnest self-cultivation—and have you ever conceived what a sublime privilege God has given to self-cultivation? I had the good fortune to hear Dr. S. Lillienthal's late lecture "On the Relation of Skin Diseases to Internal Organs," and it helped me to realize the grand privilege of self-cultivation. The lecture occupied only one little hour; but it supplied its hearers with the fruit of the latest labors in Dermatology. The lecturer had made many a journey to gather this fruit, yet in a brief hour we were enriched even as he, by his harvest, and he who had provided so bountifully was made none the poorer. At the same time his every hearer was saved from expending all his time and toil. Thus can we "bear one another's burdens," and enrich others even while enriching ourselves.

Dear reader, for Homœopathy's sake, do not be one of those Jahr-parrots who commit to memory the symptomæ codex, and sell their birthright as *Physici* for a mess of symptoms. Be square abreast with the proudest allopath in the natural history of disease, in pathology, in diagnosis, and fill him with despair by your application of the only therapeutic law that will hold water.

When each of us has such a *status* we shall have a five year's course in our Colleges; and when we have that, we shall have graduates who will play an Appomattox-Court-House game with old Physic. God hasten the day!

We have yet another duty, and to the performance, let me crave the reader's earnest consideration.

A liberal proposal for publishing an English translation of GRAUVOGL's gigantic work has been before the Homœopathic profession for some months. Of the 4,000 American Homœopaths, 146 have subscribed, while 500 names are requisite to enable the translator to put *his gratuitous work* in the press. The publication of this volume—a work which cleaves its flashing way through error like the two-edged sword of the archan-

gel, a work which *is the archangel's sword for our Truth*—is left for the Homœopathic laity to publish. What shall we say of the poor, miserable, “hide-bound” 3,854 *quasi* Homœopathists who have left this work to languish? Simply that they are barnacles who have fastened upon the good ship *Homœopathia*, only to impede her progress.

The fate of this volume clearly reveals the crying need of a Homœopathic Publishing Society, on the basis of the English “Sydenham Society;” it also shows our duty.

We owe it to Homœopathy, to reproduce its classical literature in our own tongue. Look at Hahnemann’s great life-work—the *Materia Medica*—there is not one reliable and *complete* English translation. [I will stand second to no man in regard, and even reverence for Dr. Hempel; but truth reaches beyond friendship.] Look at Hering’s magnificent reproduction of *Sarsaparilla*, of *Cuprum*, of *Stramonium*, of *Spongia*; yet not one hundred have subscribed for the “extra volume” which is to give us some of the most colossal of the Hahnemannian labors. An active, earnest, harmonious Publishing Society might secure *this* before that grand old workman, CONSTANTINE HERING, is *called from his work to receive the workman’s crown!*

Beside this, there are a few left of those who gathered around our dead teacher in the earliest and thickest of the fight:—their memories are stored with treasures that we must not commit to the keeping of only a grave. The life of Hahnemann, and more, the early history of Homœopathy, is not yet written. Dudgeon’s effort is praiseworthy only in its design—its execution is marred by such defects as are, perhaps, inseparable from the attempt of any one not “to the manor born.”

There is very much to be done for our literature, and for a bare five or ten dollars a year our 4,000 practitioners can exalt Homœopathy, reproduce its choicest treasures, and receive from three to five sterling volumes per annum, *at absolute cost*. To be just to Homœopathy is to be just to ourselves; to rightly esteem Homœopathy ourselves, is to secure for it the respect of the world.

One more thought, and we will turn to the work of the New Year. We ask every fellow-worker to take a lesson from history. *The germ of decay in every nation has had its origin in that nation.* Look at the signs of a coming upheaval in old Physic. Look at the efforts of Harley, and of Anstie. Look at Ringer's timid attempt to walk from out the darkness into the sunlit domain of Positive Therapeutics; and seeing all this remember the history of the Jews: they were God's chosen; but, when Gentile hearts were flung open *to the truth*, He blessed even them.

Shall leaden apathy, or icy indifference forfeit our heritage?

We do not evince that earnest self-denial which was at once the glory and the strength of early Homœopathy. Let us prize that which has made us what we are; let us develope its riches; let us *do our duty*. Then, while Truth liveth, the Balaams of Old Physic will be false prophets to the end of time.

CARL MÜLLER.

Pathology and Microscopy.

SAMUEL A. JONES, M. D., ENGLEWOOD, N. J., AND PROF. D. A. COLTON, CHICAGO, ILL., EDITORS.

A CONTRIBUTION TO THE STUDY OF HUMAN MILK.* BY
T. F. ALLEN, M. D.

Our rather general unacquaintance with the literature of Microscopy is not to our shame. The immense and imperative demands of our Materia Medica and Therapeutics are not met by even the devotion of a life-time, and the best of us feel that we can illy afford to give priceless time to what the legends of early Homœopathy have taught us to deem “fancy” studies.

Magnificent cures were obtained under the guidance of our therapeutic law long before Bichat had dressed the babe Histology in its swaddling clothes; and now that it has attained to a prouder stature we successful therapists are disposed to meet its demands with a practical *cui-bono*?

But we should be so proud of our therapeutic law as to crown it with fullness of knowledge—bringing as tribute to it every advance in, and addition to Medical Science. We should stand abreast with the foremost of Old Physic. Their Therapeutics is the “withered branch” of the art Medical; *ours* thrills with life and is fruit-laden. Their knowledge helps to hide the impotence of their Art; and what will that knowledge do for us? Perchance it might not help our “practice;” but it would secure that prestige which even the splendid results of Homœopathy do not always now obtain from the educated.

It is, perhaps, folly to demand these acquisitions of those who are no longer *in statu pupilaris*; but when we grow up to a *five years course* we can recognise the claims of Histology, and in

*Transactions of the Hom. Med. Society of the State of New York, vol. vi. 1868, pp. 452—460.

student life will be acquired that which cannot well be gathered with the cart-collar of "practice" around one's neck.

It is from such considerations that we are glad to see Dr. Allen's paper in the Transactions of a Homœopathic Medical Society.

But we must confess that our delight is somewhat dampened by the careless phraseology employed in the Doctor's "contribution." We shall quote what we deem the objectionable features of his paper, and, by giving a brief synopsis of the work done in this field of research, will endeavor to exonerate ourself from the charge of hypercriticism. All progress is bought with a price. Painful labor and precious time are given for facts which seldom "pay" their discoverer. They are freely cast by him into the general treasury of knowledge: the pecuniary harvest, if any, being reaped by the practitioner, not the contributor. All we can give *him* is that honor which is so justly his due. We will now endeavor to show how far Dr. Allen has given unto Cæsar the things which are Cæsar's.

"This contribution to the study of human milk is presented of *the result* of a large number of observations which have been made during several years past; and with the hope that it may furnish some suggestions of practical value in regard to the microscopic examination of milk in health and disease. There are some points concerning the histology, or genesis of milk, to which I shall refer *not PERHAPS entirely new or original, but which have been for the most part overlooked*. I do not propose to enter into any discussion concerning the chemistry nor the best methods of substitution of milk, nor consider it from a physiological stand-point as an article of diet, but only investigate two points, namely, its histology and its microscopic appearance in health and disease. *These two points (especially the latter) have been strangely overlooked*, and I am able to find scarcely anything written upon the subject, either in standard works or in journals, yet it is very essential that a physician should be well acquainted with the microscopic character of milk, just as essential as that he should understand the minute character of urine, or any discharge."

Unfortunately, the italics are our own, and we shared Dr. Allen's uncertainty to so slight a degree as to feel obliged to put his Roman "perhaps" into "small caps."

We are distinctly informed that this contribution to the study of human milk "is presented as the *result* of a large number of observations," &c. and what will be the natural inference of the unread and busy practitioner.

The Doctor also finds "two points strangely overlooked"—"scarcely anything written upon the subject, either in standard works or in journals." The busy practitioner will surely take the hint and spare himself a nearly fruitless search. But in the Astor Library the Doctor can find Donnè's *Cours de Microscopie* a very "standard work," in which the fluids of the human organism are considered at length—especial consideration being given to *Milk*;—and in the accompanying atlas he will find much more life-like plates than his own.

In our own tongue there is Hassall's *Microscopic Anatomy of the Human Body*, containing some twenty-three octavo pages on *Milk*, and which are illustrated by twelve very natural lithographs. There is also Köllikers *Manual of Human Histology* in which the student can find the genesis of Milk ably outlined, and a very full bibliography of this subject. From these easily-accessible sources the physician can gather as much concerning Milk as Dr. Allen has acquired from his "large number of observations made during several years past;" and, in regard to the pathology of milk, he will not find that our Doctor has added anything.

In short, it is not the lacking literature, but the lacking disposition, which keeps the physician unacquainted "with the microscopic character of milk;" and Dr. Allen's scholarship has made him well aware of this.

Let us look at another point. The Doctor asks:

"Now what is the particular office of these epithelial cells? The position which I hold, and which I consider sound, from comparative examinations of these cells and colostrum corpuscles and also from analogous development in other glands is, that *these epithelial cells furnish directly the milk globules*; that within them are developed fat cells in vast numbers; that when turgid and nodular with growing fat cells, before the cell wall is ruptured, we have the colostrum corpuscle, and that when the investing cell wall ruptures, these globules escape of all sizes, and as such are found in the matured milk."

This time the italics are his, and they probably emphasise the *quasi* "result," of his large number of observations, &c."

In stating his "position" Dr. Allen makes no mention of the labors of *Henle*, *Nasse*, *Reinhardt*, *Van Bueren*, *Will*, and *Virchow*, as a repaid review of history will shew.

The industrious *Leeuwenhoek*, was the first to discern the globular structure of milk. He says: "Vidi multos globulos, similes sextæ parti globuli sanguinei; et etiam alios, quorum bini terni aut quaterni se invicem modo attingebant, fundum versus descendere; et multos variæ magnitudinis globulos in superficie fluitantes, inter quos posteriores adipem sive butyrum esse judicabam."

Here research rested until *Schleiden's* magnificent discovery of cell-phytogeny, and *Schwann's* happy generalization, introduced an era since which the genesis of milk has been carefully studied.

The investigations of *Henle*, and *Nasse* contributed a supposition "that the colostrum-corpuscles and fat-globules are related to a formation of fat-containing cells in the mammary glands, and that the former in their more usual form are nothing but membraneless cells, and the latter oil-drops liberated from cells." *Reinhardt's* researches proved this supposition to be true: "Still" says *Virchow*, "he shrank from extending this important discovery of the formation of colostrum to the history of milk in general, for the reason that, during the later periods of lactation properly so called, granulated bodies are no longer met with." He, therefore, regarded the formation of colostrum and of milk as two distinct processes: deeming the first pathological—"a fatty metamorphosis by which the old epithelial cells of the gland are evacuated externally previously to the formation of the true milk."

Subsequently *Van Bueren* found fat-containing cells in the milk of the later periods of lactation, thereby shewing that "the formation of the milk and of the colostrum seems to be morphologically identical," and, farther, that *Reinhardt's* "separation of the two processes can no longer be defended."

At a later date *Will* taught that "the milk corpuscles are deposited in the form of oil-drops, which are contained within the gland-cells that clothe the ducts of the neammary gland, and are subsequently set free by the solution of the parent cells while the colostrum corpuscles are special parent cells which are expelled as such."

At a still later date the Autocrat of Cellular Pathology said in his crisp, clear-sighted manner: "A colostrum corpuscle is the

still coherent globule which results from the fatty degeneration of an epithelial cell. * * * * *

Between the earlier formation of colostrum corpuscles and the later one of milk there is no other difference than this that in the formation of colostrum the process goes on more slowly, and that the milk cells retain their cohesion longer, whilst in the secretion of milk the process is acute and the cells more speedily perish."

Last of all we poor, unread homœopaths are presented with Dr. Allen's "not perhaps *entirely* new or original" "Contribution."

It is, however, a pity that Dr. Allen's thoughtless neglect should cause so neat a synopsis as he has presented to his school to be overshadowed by the suspicion of an attempt at self aggrandizement. Knowing him as we do know him, we most emphatically disclaim for him any such design; but we fear every well-read allopath who reads his paper will turn a deaf ear to any disclaimer.

There is another point to which we revert in the hope of counteracting an impression which the homœopathic reader of Dr. Allen's paper may receive. The Doctor writes: "In regard to the milk globules. They consist of fluid fat enclosed in a cell wall. The existence of the cell wall in the present case, has been a vexed question, and various opinions have been held by different physiologists regarding its presence and its nature. There, appears, however, to be little doubt as to its existence; the great diversity in size, and uniform larger size in good healthy milk, seem to point to the supposition *that the globules actually increase in size, and that the variation in size cannot be accounted for by the theory of fluid fat in an emulsion appearing as small cohering particles or masses, with a self-condensed coat of casein or other albuminous material.*"

The genesis of milk is a dual process; and, in the language of Virchow, the first half is an *active*, and the latter a *passive* process on the part of the epithelial cell. The formation of milk and the fatty degenerations of pathology are, according to his views, analogous processes. He terms the phenomenon a *Necrobiosis*,* because the cells are destroyed during the course of the

*"Necrobiosis is *death* brought on by (altered) *life*—a spontaneous wearing out of living parts—the destruction and annihilation consequent upon life—natural as opposed to violent death (mortification)"—Cellular Pathology, p. 358.

process." The *active* individuality of the cell is lost—the cell integrity succumbing to chemico-vital influences, and undergoing what Virchow terms “retrograde metamorphosis.” It is from such considerations that he says: “the so-called milk-corpuscles are nothing more than drops of fat, and like the majority of the drops of fat that occur in the animal body are surrounded by a delicate, albuminous membrane, called by Ascherson the *haptogenic* [produced by contact. F. C.] membrane.

But the individual drops (milk-corpuscles) correspond to the drops we find in the secretion of sebaceous matter ; they are *produced by the coalescence of the minutes granules which appear in the secretion of the colostrum.*”

The *quasi* “cell wall” is, then, not a vital product, a *growth*, but a chemical *deposition*: the “fat-drop” is *not* a milk-corpuscle until it is enveloped in an albuminous membrane; and this albuminous membrane is acquired not during the inter-cellular residence of the fat-drop, but when it has come into contact with the extra-cellular fluids in consequence of the solution of the “wall” of the epithelial cell. When this solution has taken place *the fat-drop is encased in its albuminous envelope and the size of the milk-corpuscle is then determined.*

We contend, then, that the view expressed by Dr. Allen is calculated to create a wrong impression, for the milk-globule is a purely passive product which may be acted upon, but can not act of, or for, itself. The hypothesis that it *grows* in the manner of other cell-growth, as his language implies, is, in the light of the known genesis of milk, a bungling superfluity.

Space forbids any present reference to the pathological changes in milk ; but there is one practical fact to which we will call attention. When milk is, in the language of nurses, “too rich” a beneficial change in its composition will take place if the intervals between “giving suck” are prolonged. The so-called surfeit of many an infant is owing to the *quality* and not the quantity. This observation is recorded in Virchow’s *Archiv.* by a German physician whose name we can not recollect or he should surely have the credit.

S. A. J.

COMMENTS ON A CASE OF HAY FEVER: ITS PATHOLOGY

In the British Journal of Homœopathy for Oct. is a brief paper, by Kafka, on *Hay Fever*. The case of the physiologist Helmholtz is cited, and our cotemporary gives his unqualified assent to the theory of a *parasitic origin*. Helmholtz examined his own nasal secretion and discovered that it contained "little bodies shaped like vibriones." "From this circumstance," writes Kafka "Helmholtz concluded that the malady had a parasitic origin, which was seated in the nasal fossæ."

Kafka, the homœopathic Kafka, accepts the Helmholtzian theory all the more readily because it explains the negative results of his own very poor practice in a case of *Hay Fever*. A lady afflicted with this tormenting ailment received from him *Bell. 3, Puls. 3. Conium 3*, "and, lastly, *Sulph. 6*." "The results," says Kafka, "were negative." Our learned fellow-workmen "ascribed the inefficiency of the treatment to the important circumstance of the patient's living in the midst of the turmoils of war, and consequently being in a continual state of excitement;" but when Binz let out the discovery of the Helmholtzian "parasite" in *Virchow's Archives*, the baffled homœopath had "a change come o'er the spirit of his dream," and he bursts out this wise: "The result of this highly important discovery is that *internal treatment for the relief of hay fever is inefficient*, and that this affection, which has a parasitic origin, *can only be cured by destroying the parasites*."

Blinded by the "scientific" glare of old school literature we had regarded Hay Fever as incurable by any "pathy," and all the cases which came into our hands were treated with the shabbiest of *placebos*, or let "severely alone." One day, while calling upon Dr. Carroll Dunham, we saw a case of Hay Fever which this adept had *entirely relieved* by the very parasitocidal treatment of the prescription of *Sabadilla 200*. Ashamed and confounded we returned home to try in earnest what homœopathy in our poor hands could do for a near relation who had sneezed in the torments of Hay Fever for the past five summers, and whose nose and eyes were even then paying their briny tribute to the Helmholtzian "parasite." Suffice it that *an intense itching of the margins of the eyelids markedly aggravated by*

rubbing or touching them together with a due consideration of all the other symptoms led us to deem the case "covered" by *Kreosotum*—which we gave in the *Kafkaffian* 3. As the habit of thirty-five years has led us to call this particular patient "Father," and as we live under the same roof, we enjoyed the finest opportunity of watching results.

On the second day Müller Senior lachrymated less, his conjunctivæ were not so congested, and he seldom "blew his bugle" unless suddenly exposed to bright sunlight, or a current of cold air. But at twelve midnight his wife had observed that he began to wheeze, and in about an hour he had to leap from bed and submit to the rough usage of a fit of asthma. We availed ourself of the only alternation of remedies practised by Hahnemann and found that while the *similimum* for the day condition was *Kreosotum*, the *tout ensemble* of his night-state called for *Arsenicum*.

We fed the "parasite" alternately with Kreosote and Arsenic. On the sixth night of treatment our patient was "shingled" around the whole trunk with a red, raised, burning, itching eruption. *He had no asthma fit that night*, and from the appearance of this "choice of evils" his Hay Fever disappeared.

Whether the Helmholtzian parasite had "struck in" and then emerged in a cutaneous neurosis we leave Herr Kafka to decide.

Now for the joke. One week previously we had read the great Helmholtzian discovery, and, on the *qui vive* for the "parasite," we handed our patient a dozen "slides" requesting contributions of his "nasal secretion" for the benefit of science (of course!). We had examined his droppings and sneezings (Helmholtz says its only the "sneezing" that "fetches" the parasite,) and we could not detect anything that would suggest a semblance to *vibriones*.* In these examinations we used the best instrument and lenses; amplifying x250, and x2000 diameters.

We must unhesitatingly affirm from the testimony of this case that the *vibriones* observed by Helmholtz are *not an essential factor in Hay Fever*.

*As "Carl Müller" is a pseudonym, will the writer be allowed to say that he is an ex-Vice-President of the American Microscopical Society, and that he submits the fact of his having held this position to substantiate his fitness for bearing testimony in a matter of Microscopy?

That Helmholtz, in his own case, discerned *vibriones* we are by no means prepared to deny; but we do assert that the sweeping assertion based by Kafka upon this isolated instance is *just as philosophical as much else that he has written*.

[When will the festering flesh-pots of old School "science" cease to tempt us? When will the *ignēs fatui* of their *quasi* science fail to beguile us into the slough of despond? I ask in bitter self-accusation; and, let me add, it is the easiest of rhetoric to revile Hahnemann, to prate of "obsolete notions," and the "progress of science," but, is it not true, that while science sits down to perfect her means of "physical diagnosis," and pen a fresh page for her "pathology," the stricken ones die?

Let us see whether "science," or *Similia*, will first dispel the despair of him who diagnoses *Acute yellow atrophy of the liver*—meanwhile, let us seek to *realize* the splendid possibilities of the *Law of Similia*, "our pillar of fire *by night*."] Trousseau truly says that Robin's *oidium albicans*, the pathological satellite of thrush, is a product of favoring circumstances "It is equally a matter of certainty that for the development of this mycelium, special conditions are requisite: there must then be a pre-existing inflammation of the mucous membrane on which it is seated, and that inflammation must have a somewhat specific character."

The same is true of every disease having a vegetable "parasite:" they are the accidental element and not a factor of the disease *per se*. Trousseau also acknowledges that parasiticidal "remedies" will not *cure* thrush: and Kafka will live to learn that the same is true of Hay Fever.

Is Hay Fever a neurosis? In the case we had, it died in the disguise of a neurosis of the skin. Let us review the phenomena. We had an intense hyperæmia of the nasal and conjunctival mucous membranes. Paresis of the capillaries existed, a plus in the circulation of these tissue-territories obtained, and we found a marked hyperæsthesia and an excessive secretion. At night we had an asthma-fit which was plainly a reflex result of the peripheral nerve-irritation. Lastly, we saw the disease-action transferred by metastasis to that analogue of the mucous membranes—the skin. In this new locus we found the same phe-

nomena, hyperæmia and hyperæsthesia, to obtain. What is the nature of the remedies employed? The febrile phenomena of the Arsenic pathogenesis, and the astringent properties of Kreosote declare them to be vaso-motor irritants. We find them, then, to *act* in the very sphere wherein and whereby we observe the functional phenonema of Hay Fever.

Does the nasal mucous membrane hyperæmied in Hay Fever afford any less favorable a *nidus* for the Helmholtz *vibriones*, than does the buccal mucous membrane inflamed in thrush offer to Robin's *oidium albicans*? The burden of proof to the contrary rests with Kafka.

[Looking at our case from the "parasitic origin" point of view, it is, at least, significant that, of the remedies we used Arsenic will prevent any cryptogamic development, while Kreosote will as surely kill such parasites. But would we expect such properties from Arsenic and Kreosote in the third centesimal dilution?]

We know the effect of "the dust" (as the farmer says) of *Triticum repens* upon our horses—heaves, a neurosis, has ruined enough to make the lesson emphatic; but we have yet to learn that any "parasite" exists in these cases. At the same time the generally accepted etiology of Hay Fever traces the exciting cause to the emanations of certain grasses, among which *Holcus*, *Anthoxanthum*, *Alopecurus*, and *Phleum* have been considered as some of the offenders. Still, if these be the exciting agents, there must be a predisposing cause or we should see whole communities sneezing and weeping "in due season." If there be no predisposing cause, then the Helmholtzian "parasite" displays such a degree of cognition as should elevate it to the rank of the animal kingdom.

How much more in keeping with the spirit of homœopathy it is to recognize in Hay Fever a special neurosis, excited in the predisposed by a finely attenuated vegetable poison in virtue of an increased susceptibility; and to feel that the *true* treatment is not so much the destruction of a "parasite" as the antidoting of the effects of an unconscious "proving."

We hope to write of Hay Fever more at length on some other occasion; meanwhile we make our bow to Kafka, and any "reconstructed" Allopaths in whom the true vaccine of *Similia* has never "taken."

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CATARACT AND ITS SURGICAL TREATMENT.

Taking for granted that all physicians and surgeons understand the anatomy of the eye, and the location and use of the crystalline lens, and that cataract consists of an opacity either in the lens itself or the surrounding capsule we desire to point out briefly the principal distinguishing points of the usual forms of cataract and illustrate its surgical treatment.

The crystalline lens is devoid of nerves or blood vessels, but it is nourished by transfusion from the aqueous and vitreous humors. The ciliary processes appearing to have much to do towards this result consequently we see how important it is that these, and the humors and the surrounding tunic of the lens and retina, should maintain a healthy condition. Cataract is known by an opacity, either partial or complete, which obstructs vision according to its extent, giving rise to a sensation of cloudiness before the eye to the patient. As the disease advances difficulty of reading or distinguishing objects increases until finally, the dimness of vision reaches such an extent that he can scarcely distinguish daylight from darkness. The surgeon on looking into the eye, discovers an opaque condition of the lens or its capsule seen through the pupil located a short distance behind it—the cornea and aqueous humor being transparent, and the pupil dilating and contracting normally, if it is not also diseased. If we move a light near the eye from side to side the patient can observe at what points in the lens the greater opacities exist by the greater feebleness of transmitted light at those points, thus aiding us in diagnosing the limits of the disease. It is important to be able to distinguish the different varieties of cataract. It is either *lenticular*, that is where the lens itself is affected—or *capsular*, where the capsule of the lens is the seat of the disease. In diagnosing a case we first dilate the pupil with atropia and then illuminate the eye, first by direct light and afterwards by lateral or oblique illumination, and examine it with a double convex lens, and afterwards by focal illumination with the mirror of the ophthalmoscope.

The laminar or nuclear cataract is known by the diffused cloudiness presenting a circular or curved form spreading out behind the pupil, being thinner at the outer edge, and becoming more opaque toward the center where the opacity is the greatest.

The color according to Stellwag is usually greyish yellow or dirty brownish grey, sometimes reddish brown or green, but rarely bronze-like, dark brown or blackish.

There is a considerable distance between the opacity and the plane of the pupil enabling us to see between the pupillary margin and the opacity itself, and by strong light also to discover the dark crescent shaped shade thrown by the iris.

If this cataract is stationary the margin of the cortical substance is perfectly clear, sometimes enabling us to examine with a contracted field of illumination into the fundus of the eye. If however this form of cataract is increasing, delicate opaque points will be seen in the cortical substance, or it will show radiations near the equator. This form of the hard lenticular form occurs most frequent in adolescence. The *mixed cataract* and the soft or fluid cataract are known thus. By illuminating the lens obliquely if we find the cloudy striated appearance, commencing in the outer circumference of the lens, and the opacity is found to extend almost to the ciliary processes there is what is called a mixed cataract, that is one in which both the cortical layers as well as the nucleus of the lens are involved.

As this form is more fully developed, and the shadow cast by the iris gradually disappears, the opacity appears closer up to the pupil and to the other naked eye there is a white or yellowish opaque appearance visible through the pupil. If there is no shadow cast by the iris and the opacity appears to apparently fill up the posterior chamber to the pupillary margin we find most generally that we have a cataract in which the cortical layers have become fluid or pulpy. Sometimes the cortical layers in their process of destruction swell apparently from external deposits and then we have a form in which there is a pressing forward of the iris. Sometimes we have bright opaque scattered chalk-like spots which make the cataract appear spotted, striated, net-like or marbled, and sometimes cholesterin crystals are noticed brightly glistening among them. Other spots of irregular form visible by oblique illumination are also occasionally seen and with these there is generally a return of some degree of transparency of the lens and decrease of the cortical layers.

The *fluid or soft cataract* generally occurs before middle life, and is distinguished by its milky greyish or bluish white color, or by its nearness to the iris, and its prominence and large appearance, not unfrequently completely filling the pupil. Where the cataract is extremely fluid, we notice streaks and small dots and inequalities of various shapes and position in its progress.

Soft cataract begins in the cortical layers, and of course, the pupil must be widely dilated in order to recognize it and its extent. The center of the lens appears the most pellucid, and generally of a bluish tinge which gradually disappears as the entire lens becomes involved. Some lenses of this variety when operated upon, are found neither fluid nor hard, but of a pasty consistency. This form is generally recognized by observing with oblique illumination, radiated striæ, composed of the filament bundles in the lens which have not been destroyed, but if the lens substance has become thoroughly dissolved, we find it fluid, or if it is not entirely disorganized, it may have a pulpy consistency. These cataracts are such as occur in the lens itself, but we frequently have an opacity of the capsule that invests the lens, which although obscuring the light, equally as much as the other forms, yet the disease is differently located, and it is called *capsular cataract*. If the anterior hemisphere of the capsule is the seat of the disease, the silvery whiteness which is noticed in this variety, presents a convex form, has a variegated or striated appearance, and appears situated close up to the pupil, while, if the posterior half of the capsule is the seat of the opacity, we have a concave, instead of a convex appearance, and the shade is of a dull yellowish color.

Where both the anterior and posterior covering of the enclosing membrane is affected; the lens is almost invariably involved, and this is the fact in a large majority of cases where the posterior part of the capsule becomes opaque. Sometimes the capsule becomes wrinkled when the lens is atrophied, and here we have a decided disturbance of vision or distortion of the spectra.

We cannot here enter into the complications that are often met with in cataract, such as amaurosis, amblyopia, &c.

TREATMENT.—Fully formed cataract is generally considered incurable by medical treatment, although in the incipient stage, homœopathic remedies will sometimes remove the dimness of vision entirely, or arrest the disease from further progress, but in some instances it cannot be reached at all.

Chimaphila umbellata is probably the best remedy yet discovered for producing either of these results, but *Calcarea carb*, *Silicia*, *Kali hyd*, *Graphites*, *Iodine*, *Sulphur* and *Merc. hyd*, should not be forgotten, in case this remedy produces no benefit.

Temporary blindness will occur sometimes from excessive loss of blood; but here other remedies, such as *China*, *Ipecac.*, or *Belladonna* &c. may be required.

OPERATIONS.—When a case of cataract is diagnosed, it is not necessarily the fact, that an operation is immediately advisable for the lens, may not be in a state suitable, in other words, the cataract may not be ripe.

1. *Couching or depression* of the cataract [Fig. A. (a.) shows the needle entering] is an old operation, and one which

has been almost entirely superseded at the present day by extraction of the lens. It is performed with a curved scarpa needle. [Figs. 7 and 8 or a Pancoast needle Fig. 9] The pupil of the eye being dilated with Atropia, the patient sitting on a low seat opposite a bright light, the sound eye covered with a bandage, the lids held open by the fingers of an assistant, or the spring speculum (Fig. 33), and with an assistant holding the eye-ball steady with a double hook (Fig. 6.) or what is better, a pair of fixation forceps, fastened to the conjunctiva of the lower part of the eye-ball, in case the eye cannot be controlled by the fingers, the operator takes his needle as a pen, and stands in front for the left eye, or behind the patient for the right, and resting his little finger and adjoining one on the cheek, thrusts in the needle with the concavity upwards, and the point directed towards the inferior posterior part of the lens, inserting it half a line below the transverse diameter of the eye two lines from the corneal border. The needle having entered and appearing in front of the capsule, it is gently pressed backwards, so as to freely divide it, then by a half circular turn in the vitreous humor, the needle is raised above the lens with its convexity upwards. Then the lens is pressed downwards and backwards, until it descend out of the axis of vision.

This ends the operation if it be a hard cataract, but if it be very soft, the capsule and lens should both be pressed if possible together, and the mode of *reclination* is here preferable; that is, simply turning the lens on its axis down out of view, so as to lie in a horizontal position, with the anterior surface upwards.

2. *Discission or Division*, or simple breaking-up of the cataract, is required in many forms incident to childhood, or where opacities of the posterior part of the capsule result after linear or flap extraction. Where it is performed through the sclerotica (Scleroticonyx), (Fig. A. (a)) a Beer's, or spear pointed cataract needle (Fig. 10), is required, but where the operation is performed through the cornea, called Keratonyxis (Fig. A (d')), this needle will not answer, but a round stop-needle (as represented in the cut), is required; that is, one that is pointed, and the diameter of whose shaft increases up to the handle and thus prevents the escape of aqueous humor. If the former mode is selected, the needle is to be introduced with the cutting edges antero-posteriorly in the temporal side of the eye, in the same manner as for couching. The point of the needle is then turned forward with one side looking toward the cornea, and it is passed through the periphery of the lens into the anterior chamber as far as the upper inner margin of the pupil; then a large piece of the anterior capsule is torn away, by pressing the needle laying flat over the center of the capsule slowly backwards and downwards, then bring the needle back into the anterior chamber, and tear away and cut up as much of the remaining opaque portion of the capsule and lens as possible.

In *Keratonyxis*, after the pupil is dilated as before, pass the tapering stop-needle perpendicularly through the cornea at the middle of the lower outer quadrant, and when it reaches the capsule and lens, divide them freely in various directions.

3. *Linear Extraction*.—(Fig. B.)—Linear extraction is required where the cataract is of a fluid or pasty character after it is completely formed, or where the cataract is pulpy and gives trouble, without relief from a former operation of dividing the lens.

The pupil is dilated with Atropia, and a lance shaped knife, or one similar to Fig. 13 or 30 is made to enter the cornea about one line from the sclerotic edge, always on the temporal side of the eye with its point penetrating obliquely, and its surfaces perpendicular to the meridian of the point of entrance. The knife, after entering the anterior chamber is made to cut onwards in the same meridian plane, making a perpendicular incision of two lines in length in the cornea. Then the sickle-shaped needle is entered flatwise and passed to the furthest edge of the crystalline, and its capsule freely divided with several incisions, when, if it be a fluid cataract it will escape, but if it is pulpy, it has to be assisted by Daviel's spoon (Fig. 31). This should first be used to press the posterior lip of the wound until it gaps, while a finger gently presses the inner part of the globe of the eye, and by this means we endeavor to cause it to escape. If this does not succeed, the fragments of the lens may possibly be pressed out by a circular motion of the ends of the fingers laying upon the eyelids. This not proving successful, the spoon is to be introduced into the wound, and the fragments scooped out; then if there still remain any opaque portions of the capsule, they must be removed by means of fine forceps, or one of the iris hooks (Figs. 4 and 5), or probably the canular forceps (Fig. 3), may be of advantage to use.

4. *Flap Extraction*.—Fig. C.—This operation is adapted to senile hooks (Figs. 3 and 4), or probably the canular forceps (Fig. 3), or cortical cataracts where the nucleus is normal or even denser or larger than natural, even if they occur in young persons, when a *total* cataract is present. Of all operations this is the most likely to produce loss of the vitreous humor and collapse of the globe unless the greatest care is exercised. The incision is made with a Beer's cornea knife (Figs. 28 and 29) held as a writing pen with the last two fingers placed upon the temple near the eye. The cornea is entered near its margin with the edge of the knife upwards for an upper flap and downwards for an inferior flap, and directed in the line of the transverse axis of the cornea (taking care that the point of the knife enters the anterior chamber instead of between the laminae of the cornea and to be certain of this the knife should be held first perpendicularly and when it has entered pressed downwards) then with the blade parallel to the iris so as not to wound it, press it on

until it comes out of the cornea at the inner canthus, at the same distance from the corneal edge on that side as it entered on the opposite, and by pushing the knife onwards its shape naturally cuts the flap without any sawing motion, and the instant this is accomplished all pressure from the assistants fingers should be removed from the eye. After the eye has rested for a while the Curette (Fig. 12.) is entered through the wound, the capsule freely lacerated, and the instrument removed with its convexity backwards, and the eye again allowed to rest awhile. Now great caution is to be exercised in removing the lens to prevent escape of the vitreous. The silver spoon is placed, after the patient opens his eye, along the upper lid while a fore finger is placed at the center of the lower lid and by steady gentle pressure and slight manipulation the lens is made to escape and all pressure instantly removed and the eye closed. After the eye has again rested for a little while open it and see that the pupil is round and clear. Then adjust the flap in the cornea if it has not fallen back to its natural position. The eye is then carefully closed and the patient urged to keep it as quiet as possible, and in dressing it no pressure is to be allowed.

5. *Modified Linear Extraction.*—Fig. D—is required in similar cases to those where the flap operation was formerly used—But it does not require so long to heal as where the cornea is severed and opacity of this transparent medium is not likely to occur from the operation.

This mode of removing the lens in ripe cataract is the best that has ever yet been suggested, and to the eminent eye surgeon Prof. Von Graefe, we are indebted for this modification of the old linear by which the cornea is now avoided being wounded. It is performed thus: the eyelids being held widely apart, and the upper lid pushed well back so as to expose the upper part of the globe, and whilst a pair of fixation forceps in the hands of an assistant, fixed into the conjunctiva and albuginea just beneath the lower border of the cornea, draws the eye down and holds it, the operator with a narrow, sharp pointed knife, (Graefe's cataract knife Fig. 34) enters with the sharp edge looking upwards, the outer and upper part of the globe about a half a line from the cornea and about one or one and a half lines below an imaginary horizontal line drawn across the highest point of the cornea. While the knife is passing through the conjunctiva, sclerótica, and subsequently the iris, it is held with the point looking towards the central point of the anterior chamber so that the knife enters this chamber through the iris near its scleral margin. After about three lines of the point of the knife is visible, the blade is brought into a horizontal position, with the cutting edge still upwards, and passed across the anterior chamber and made to enter the iris, and passing on so as to come out of the albuginea and conjunctiva half a line from the cornea, at this same height of entrance. This incision is then

made upwards, taking care that the cut is kept half a line outside of the cornea until the incision through the albuginea is completed. The edge of the knife is turned forward and the conjunctiva cut through with a drawing motion back and fourth. The reason for this is because the conjunctiva is a yielding membrane and arises up into a fold, and by this precaution the conjunctival incision is made to correspond with the cut through the sclerotica. The flap is then laid back over the cornea, and the piece of iris that is found at the wound is seized with a pair of fine forceps and then pulled out a little and cut off close to the wound with a pair of ordinary iris scissors, (Fig. 1. 2. 18, and 19. illustrate some canula iris scissors) thus making the latter clean and free from ragged edges.

A properly curved sickle-shaped needle is then passed flat-wise through the wound, and when well introduced, turned so as to make several incisions through the capsule of the lens, and then carried around its margin, making the opening in the capsule large. Then withdraw the needle and from the eyelids remove the spring speculum if it has been used, when, by slight traction upon the fixation forceps, and gentle pressure or mild sliding manipulation with the handle of the needle above the posterior lip of the wound, the lens will be found to make its appearance at the opening, and can be readily removed with one of the small hooks represented in Fig. 35. The wound must be made clean before closing it, all opaque portions of the capsule or broken pieces of lens must be taken out, and any pieces of iris clipped off that are in the way of closing the wound. Then turn up the flap and adjust its edge with the other edge of the wound. The eye is then dressed as after ordinary flap operation.

Some other instruments will be useful to illustrate here. They should accompany every operating case for cataract as modifying circumstances may enter into the operation in complicated cases. For instance Fig. 11 is a Heys needle; Fig. 14 is a broad curved needle; Fig. 15 is a Desmarre's needle for paracentesis; Fig. 16 is another instrument for holding the eyeball; Fig. 17 is a strabismus hook; Fig. 20 instrument for enlarging corneal incision; Fig. 21 Walton's scalpel, Fig; 22 Walton's knife for lachrymal duct; Fig. 23 Whites cataract knife, Fig. 24 Jæger's keratome; Fig. 25 Scarificator for conjunctiva; Fig. 26 Jæger's curved keratome; Fig. 27 Knife for fistula lachrymalis, Fig 32 is an elevator of eyelid.

B. W. J.

PARACENTESIS PERICARDII.

Tapping the pericardium for an effusion of serum within it is certainly a novel operation and does not appear to be attended with the immediately fatal result that has heretofore been generally considered as always following any incision that would involve the heart or the pericardium. Dr. Clifford Allbut has

had two cases in which it was performed as appears in No 2166 of the Boston Medical and Surgical Journal in an article from the Lancet. The first proved successful, but the last time it being performed merely as a palliative measure upon a weakly female with pericarditis where great serous pericardial effusion had suddenly taken place the case as was anticipated proved fatal. The following description of the operation and this case will prove interesting: "A fine exploring trocar was inserted in the fifth interspace, about an inch from the left border of the sternum; the point was thrust upwards and inwards till it touched the heart. The point was now sheathed, and the canula was driven well home, till the heart jerked it to and fro. The canula was then partly withdrawn, and serum began to flow. The tube now slipped a little and the trocar had to be re-inserted, to carry it home. The straw colored serum now flowed again. About five ounces of fluid were drawn off, and the patient experienced great temporary relief. The case had, however, too far gone; there was extensive œdema of the lungs, and on the following day the patient was as bad as ever, and there was so much distress than the puncture had to be repeated. It again gave great relief, though not so great as the first operation had caused, but the patient sank a few hours later from bronchitis and pulmonary œdema.

Dr. Allbut remarks that tapping the pericardium is really a very simple operation; and that there is no reason to fear that a slight accidental wound of the heart would do any harm. On the present occasion a little air accidentally entered the pericardial sac. Dr. Allbut will in future cases guard against this by connecting the canula with an india-rubber tube whose extremity dips under water. He points to the ready emptying of the sac by the expansion of the lungs in this case as a refutation of Oppolzers objection to the operation—that the sac, having no elasticity and being placed in the unyielding chest-cavity cannot properly be emptied or if emptied will re-fill." B. W. J.

RHINOSCOPE.

I lately obtained a new instrument for the purpose of examining the posterior part of the velum palati and the posterior nares. It consists of a reflector situated on the end of a suita-

bly bent rod and handle, while a movable piece with both a perpendicular as well as a horizontal motion above, attracted by a joint, to this same rod near its handle and held down to this by a spring while being introduced into the mouth and into position, when by pressure upon a thumbpiece on this latter rod (which is bent out of the axis of vision and has a broad expansion at its end,) raises the palati and gives a good view of the parts from the reflector on the lower rod when a strong light is thrown into the mouth.

B. W. J.

Materia Medica and Special Therapeutics.

PROF. E. M. HALE, CHICAGO, EDITOR.

PATHOGENETIC AND CLINICAL NOTES.

ZINCUM OX. This remedy is one of the best we possess for the treatment of *spermatorrhœa*. It is indicated in that class of patients who incline to be hypochondriac, and annoy the physicians by their fears; those whose nervous system has become shaken; who are troubled with constant dread of the consequences, restless, sleepless, and generally miserable. It is most useful in the first trituration.

E. M. HALE.

VERATRUM VIRIDE. "The Veratrum acts directly by lowering the pulse and temperature. It exerts a very favorable influence in simple pneumonia, the mean duration of which is reduced by its aid to $6\frac{3}{4}$ days, while the mortality is less under this mode of treatment than under any other."

M. OULMONT.

According to Dr. Kocter of Berne, the mortality of pneumonia treated by Veratrum is but 8. 3. per cent, while it is 13. 5. by the expectant treatment, 20. 4. by antiphlogistics, and 20. 7. by antimony. What is the ratio under homœopathic treatment? Of the 41 cases treated by Lessier three died. But in *two* of these cases he says, suppuration had commenced when they came into the hospital. I believe with Dr. Oulmont,* that Verat. v. "has the power of arresting the progress of the disease and hastening on the resolution."

*Med. Times and Gazette Nov. 21, 1868.

Veratrum, v. causes excessive and painful singultus. It ought to be homœopathic and curative in the hiccough occurring in some diseases.

E. M. HALE.

STILLINGIA. In *secondary* syphilis when the patient is broken down, and mercury cannot be used, (and in which Iodide of Potassium is useless,) there is but one remedy that can fill the vacancy properly, and that one is Stillingia. It is indicated for the secondary eruption, the affections of the bones. The best preparation is the Stillingin 2 grains 3 times a day.

DR. MC MECHAN.

I consider Stillingia homœopathic to secondary syphilis. The provings I have reported to the American Institute shew this. I find it curative in doses of the 1st or 2d trituration of Stillingin.

E. M. HALE.

Dr. F. R. Sturgis reports a case of *syphilitic inoculation* from a bite on the cheek. (This would seem to show that the saliva might become impregnated by the syphilitic virus.) The wound healed up in two weeks; but in two weeks after its cicatrization, a "scab" appeared upon its site, indolent and painless. At that time a sub-maxillary ganglion of the same side became indurated. Secondary symptoms followed in a month.

POISONING BY CARBOLIC ACID. After absorption the drug acts directly upon the nervous centers, causing headache, giddiness, trembling, convulsions, insensibility, stertorous breathing, contracted or dilated pupil, a rapid intermittent pulse, excessive prostration and death. The surface of the body is usually pale, and bathed in cold perspiration.

DR. J. G. PINKHAM.

It is said that a weak solution of Carbolic acid allowed to run over the living mesentery instantly arrests the local circulation.

E. M. HALE.

BITE OF THE CENTIPEDE.—Dr. Rounsavelle, of Arkansas, relates in the *Nashville Journal of Medicine* the following case: A man aged 24, had his right arm caught between two rails, when it came in contact with a centipede. One and a half hours after the accident the local appearance was: Arm greatly swollen, erysipelatous blush extending over half the arm, black dotted impressions in two rows $\frac{3}{4}$ of an inch apart elevated with dark line, extending across from dot to dot, five and a half inches in length, thus shewing the entrance of every foot. Pain deep and dull, patient laboring under nausea. *Treatment*, cut and

scarify freely, and apply Tinc. ferri. chloridi to flesh, and give Bromide potassium grs. 16, every half hour until seven doses are taken, at which time the swelling began to subside, after which the medicine was given three times a day. Improvement was rapid, and patient returned to labor on the 6th day after the accident. But there was *no perspiration of the right arm for three months*. The common notion is that wounds from the centipede, if not fatal, will cause loss of the greater part of an arm or leg, by sloughing, unfitting them for use. *Habits*.—The centipede is generally found in rocky places, and is from 2 to 9 inches in length; the largest about an inch in width. Upon being disturbed, they immediately try to sink every foot into the opposing object, and the above case demonstrates that each foot is charged with poison."

It is not proper then to say, "the bite of a centipede."

THE POISON OF THE TARANTULA.—"Professor Panceri, of Naples, in order to test the truth of the stories relating to Tarantism, procured some large and furious specimens, and first experimented on fowls, pigeons, a tortoise and a rabbit. Finding that no special symptoms were exhibited, by these lower animals, after being bitten by the spider, he looked around for some friend obliging enough to undergo the trial, such a one presented himself in the person of Prof. F. Gossi. He allowed the spider to bite his left hand, but nothing resulted except some pain and swelling. The old stories, therefore, are clearly mere fiction. [*Gazette Medica Italiana*.]

We have somewhere a pretended proving of the Tarantula, and some cases of chorea have been reported as having been cured by the medicine. The above experiments do not entirely disprove the assertions that spasmodic affections have been caused by the spider, but they throw some doubts around it.

E. M. HALE.

GALVANISM AN ANTIDOTE OF GELSEMINUM POISONING. D. T. Main writes to the Boston Med. and Surg. Journal, that he took by mistake one drachm of the fluid extract, and immediately started off to see a patient suffering from paralysis. The patient resided some eight miles off, and before arriving he became nearly blind. Control over the upper eyelid became nearly lost. The flexor muscles of the hands and arms were paralyzed, while the extensors were nearly so. Sensation in hands

and arms blunted but not in proportion to loss of motion, speech somewhat affected. Disagreeable sensation in head, but mind quite clear. He applied the poles of a galvanic battery to his hands, and was instantly relieved, and the relief was perfect and permanent. He has found galvanism equally useful in several other cases.

SARRACENIA PURPUREA.—The North American Journal of Homœopathy in August number, 1869, publishes a pathogenesis of this plant, which was first mentioned in "New Remedies." There is something about that pathogenesis, however, which we do not like. It was translated from the French of Dr. L. T. Houat, a well known continental prover and physician, but there appears to us *to be too much of it*. In other words the symptoms are altogether too important—too serious—and seem to affect every organ and tissue too profoundly, to accord with our estimate of the inherent powers of the plant. Perhaps, however, the cultivated European plant, if that was used, possesses properties differing from ours. We shall not receive the pathogenesis until we know more of its history, the doses used, and the length of time occupied by the experiments. E. M. H.

CARBOLIC ACID.—The internal use of carbolie acid has but just begun, in either school of medicine.

The proving by Dr. Hoyne, of Chicago, and the later but unpublished proving by Dr. Hæssler, of Pottsville, Pa., will probably give us some indication for its use in gastric affections.

Pending the appearance of the provings, the following clinical experience of Dr. Garraway (British Medical Journal, March 13, 1869, p. 245) may be of value.

Hysterical vomiting.—Miss —, aged 19, a highly hysterical girl, the subject of pelvic abscess, had vomited every meal immediately after swallowing it, for three years; physic and physicians, of course, had been exhausted on her. I gave a drop of carbolie acid three times a day. She retained this from the first, after three doses had been taken, i. e. on the fourth day a meal was kept down, and from this time she retained alternate meals. In a fortnight, two meals out of three stayed, but the unwonted presence of so much food in the stomach, occasioned such distress, that I was induced to partially withdraw the remedy, and allow two out of four meals to be rejected. The carbolie

acid, however, was gradually persevered with, and in the course of a year the stomach was able to bear and retain four meals a day.

Vomiting — Chronic. — Mrs. —, at the eighth month of pregnancy, had vomited all through gestation. I did not prescribe, presuming it would cease after delivery. However, it persisted as before, and she then informed me that for nine years she had never passed a day without vomiting, sometimes several times. This condition resulted from an attack of fever. I waited a fortnight after her accouchement, and put her upon carbolic acid. She *never once vomited* again. The remedy was continued a fortnight, then gradually withdrawn.

Dr. Garroway further says: "It is the only remedy which I have ever found of any avail in pregnant sickness, and of its efficiency here I entertain no doubt whatever."

In the above cases it was evidently the homœopathic remedy, but *probably* the second or third dilutions would have acted as well. Dr. G. gave one drop of the crystal, liquified by heat diffused in half an ounce of thin mucilage, three times a day.

E. M. HALE.

AN IMPORTANT PHYSIOLOGICAL EFFECT OF ETHER.

BY E. M. HALE M. D.

Dr. B. W. Foster, Physician to the General Hospital, Birmingham, England, has recently published some accounts of his use of Ether in the treatment of Phthisis.

It is only of late years, he says, that the disorders of digestion, associated with pulmonary phthisis, have attracted special attention. The difficulty of assimilating fat, is the one characteristic of the dyspepsia of phthisis, occurring in 75 per cent of consumptive cases.

Experimental physiology has taught us that the only fluids of the body which have the power to acting upon fat, so as to render it fit for absorption, are the secretions of the pancreas and the duodenal glands.

Ether has the power of causing an increase of the secretion of these glands when it is deficient.

According to Bernard, *Ether when introduced into the stomach, determines soon afterwards a considerable flow of pancreatic juice.*" He also says, "Ether causes a vascular congestion of the digestive tracts, but this congestion never attains to inflammation." * * After the *administration* of Ether the

pancreas becomes red and turgescient, as it is during digestion and its secretory function, is proportionally increased by the afflux of the blood," * * * "The injection of the lacteals is due to the abundance of the pancreatic secretion, and to the extremely fine state, of division of the fatty matters which occurs in the intestines." It is due also to the *absorbing power having been augmented by the Ether.*" * * "Ether increases the absorption of fatty matter, which it places at once in a condition of fine division, and in contact with a more abundant secretion of pancreatic juice. In this way it produces a very marked white injection of the lacteals."

Commenting on these facts, Dr. Foster says; "Ether not only obtains for us the secretion designed to digest fats, but promotes the absorption of these fats when digested." Acting on these suggestions he gave the consumptive patients in the hospital Ether in connection with cod liver oil either separate or combined, and he found that such addition increased greatly the power of digesting and assimilating the oil. Those who took the oil *with* the Ether, increased in weight and strength, greatly over *those* who took the oil *without* the Ether.

He also tested the value of the Ether given before meals to patients who were not taking oil, but were eating fatty food, and he found that it increased their power of digesting fat. It enables patients to eat fats, when without the oil, they could not digest it.

The dose he found most useful was 10 minims in water or syrup, before meals; or combined with the oil (10 drops to 2 drams.)

As homœopathsists we are prejudiced against the administration of cod liver oil, perhaps without cause, for we cannot doubt its efficacy in a certain class of cases. When properly digested and assimilated, it supplies the deficiency of fat, which is certainly one of the causes of tuberculosis. The constituents which it contains, are those remedies which we find most useful in consumption, viz. Iodine, Bromine, Calcareæ, and Kali. I have not had much success with cod liver oil in the treatment of adults, but in some of the tubercular, and wasting disease of children, I have found that a few drops given three times a day has worked wonders. The immense and nauseous doses of the old school are not only useless but injurious.

Without using cod liver oil, we can benefit those of our patients who need fatty food, by given them Ether, (pure sulphuric ether, of the U. S. Pharmacopœia) before meals, or those meals of which fats forms a part.

Although we have Pulsatilla and Iris versicolor, both of which act in a similar manner to Ether, we may find cases where these remedies will not prove efficient. From 2 to 5 drops will suffice for children under 10 years old; 10 to 15 drops to adults.

Diseases of Women and Children.

THOMAS NICHOL, M. D., M. C. P. S., ONTARIO, EDITOR.

INTRODUCTORY

On commencing the seventh volume of the *Observer*, I would state that I purpose "by God's assisting grace," to use Macaulay's quaint phrase, to devote considerable care and attention to the important department committed to my charge. My present labors will be directed to the completion of "*the Respiratory affections of childhood*," and I hope to make Pathology and Therapeutics alike accurate. Other essays and papers by experienced writers will also appear.

THOMAS NICHOL, M. D., M. C. P. S. ONT.

SPASMUS GLOTTIDIS.

I have been reading the article of Prof. Nichol in last August *Observer*. I have taken from my library some six or seven, homœopathic and allopathic authors, to institute a comparison of their various views of the pathology of this disease. Suffice it to say, there are not two among the number who agree. Raue contends that the names of the old authors, especially of Miller and Kopp, are absolutely a misnomer. Nichol contends that it has no affinity to asthma, or catarrh, Laurie says it greatly resembles croup, though it is not, and gives us the pathology of what he terms "Spasmodic Asthma of Children." Other authors stick to its catarrhal origin. Marcy and Hunt go in for Asthma Thymicum, Millarii Spasmus Glottidis, Laryngismus stridulous, crowing Disease of Children, that the disease is essentially a constriction of the glottis, they leaning to its nervous origin, from glandular enlargement obstructing nervous function. Raue contends that "late pathologic-anatomical researches,"

throw great doubt upon any enlargement of the thymus gland, Prof. Nichol has enlarged upon these professional contradictions. I have two objects in view, perhaps three in this article.

1st. Is there any such disease as described by Laurie, (*Practice of Physic* page 611) under the head of "Spasmodic Asthma. Spasm in the Chest." (of children.) A disease seemingly allied to Croup and Spasmus Glottidis, and yet neither. Case in point. Was called to Geneva, in great haste to see a little girl 20 months, old, disease reported, croup. Several attacks had supervened in the last two weeks, child always taken about 9 or 10 at night. Another doctor had been called, pronounced it croup, and doctored for croup, with emetics. I saw the child in the day time, it was pale and quite listless, wanted to remain quiet and passive. It was teething, and had some diarrhoea: free from fever, nothing noticeable unusual in respiration, pulse if anything rather small and accelerated. She had no paroxysms of what their physican called croup in the day. The mother informed me that the symptoms, occuring in the night hours were as follows. With hardly any premonition, there are sudden soffocating spasms, the breathing is very oppressive, no blueness, nor cough, that she noticed. The prominent symptoms, apart from the difficult respiration, were the extreme nervous restlessness, almost uncontrollable, wants to be carried, can do nothing with her. In the course of a half or one hour, these symptoms gradually subside, leaving the child pale and haggard.

I informed the mother that it was not croup; certainly not membranous, and it was my opinion that it was not spasmodic croup either. There was an entire absence of hoarseness, croupy Cough. It might be spasm of the glottis, but I had my doubts of that. These attacks were during the child's teething, and during our atmospheric changes—torrents of rain one day, comfortable perhaps near the fire, hot and sultry the next.

R̄ Aconite and Gelseminum. Did not see the patient for two days. Had another attack. I now gave, after reviewing the case, Sambucus and Sanguinaria, alternate every two hours. If an attack supervened nevertheless, Gelseminum in tolerably appreciable doses, every ten or fifteen minutes during the attack, and to give the child plenty of air. It is now two months, and the child remains well, no more attacks. What was this disease?

2nd. "Acetous syrup of Sanguinaria." This is Prof. Nichols, "Imperial Guard, in diseases of the respiratory organs of child-

hood. I confess myself, that Sanguinaria is a *grand* remedy. In the department of Chemistry and Pharmacology, we have the medical properties of vinegar, and its homœopathic preparations, by Dr. E. W. Fish. Now I want to ask the question, if acetous syrup of Sanguinaria is *en rapport* to laryngeal diseases? is it *en rapport* to homœopathy as taught by the apostles of our school? What about *compounding remedies* Professor? My attention has often been drawn to Hale's "New Remedies" page 925, to Dr. Nichol's report on croup, and to the following formula.

R 20 grains Sanguinaria.

4 oz vinegar. Steep and add sugar to a syrup.

Dose a teaspoonful as often as indicated. Now this is Paine's formula, often given by Dr. Nichol, (in his own words.) I do not desire to be captious, but if any member of the profession will prepare the remedy as per this formula, and take one teaspoonful himself, he will neither take a *second* one, nor administer it to either a delicate infant of a few months, or even a fat youngster of a few years. The "proof of the pudding is in the eating." Nay, a grain to an ounce of vinegar, is far too strong for an infant, Dr. Nichol finally used even less, and the question still arises in my mind, has this preparation any merit over a few drops of Sanguinaria, or some of the dilutions? For one, though I believe the word of Prof. Nichol to be *aye and amen!* Yet I would be right glad to hear through the Observer, from some brother else who has tried this "Acetous syrup." Has its use demonstrated it as being *en rapport* to laryngeal diseases, or croup? I ought to add, that Prof. Nichol excuses the vehicle, vinegar, in his Sanguinaria syrup, on the ground that Hahnemann gave opium in *beer*. Is beer a *medicinal article*? anything of therapeutical value? What is its pathogenesis? Is not *Acetic Acid* quite a different thing? Are we to follow Hahnemann to the *bitter* or *sour* end?

A word in closing. Dr. Nichol has mentioned, (as well as "Marcy and Hunt") Carroll Dunham's partial proving with chlorine gas, as well as a case in which it was given. We *phlebes* of the country, (in the singular number if you choose) often "grab" at a suggestion or a remedy, which may help us out in an emergency. Perhaps many a Doctor who has read this partial proving, *detached* I should say, of chlorine gas, and who has on hand a desperate case, has fretfully asked himself the

question, "Now what is a saturated solution of chlorine gas in water at 60 ° Fahrenheit? What is the *modus operandi*? How shall I obtain it in an emergency. Is it a homœopathic pharmaceutical preparation, or is it on a par with "susqui-carbonate of potash or the saturated alcoholic solution of arsenic,"? of which, nine druggists and pharmacutists in ten, are often blissfully ignorant!

May we fondly hope Mr. Editor, that when your new "Homœopathic Dispensatory" hails the light, we shall no longer,

"See through a glass darkly."

BATAVIA, ILL.

[Notwithstanding the discordant views of writers, pathologists are coming to the conclusion that spasm of the glottis is a purely nervous disease, the glandular complications being merely accidental, and I am glad to find that Prof. Raue, whose able book I do not yet possess, apparently agrees with me in this particular. We should be inclined to consider the case, above reported as one of simple spasm of the glottis, but think that auscultation, of which no mention is made, would have cleared up all doubt. In reply to the second query, we would remark that discouraged with repeated failures, we followed Prof. Paine's formula to the very letter, but finding that the huge dose caused a medicinal aggravation, though followed by a speedy cure, we gave less, and for many years we have used the formula on p. 309 of the current volume of the *Observer*. Having had fine success with this preparation, we have never used the tincture or dilution, though on p. 388 of vol. IV of the *Observer*, Prof. Helmuth reports a splendid cure with a somewhat strong solution of the tincture. To me "the proof of the pudding has been in the eating." Undoubtedly most people would consider a fermented preparation containing hops to be a medicinal agent even though we have no "pathogenesis" of it.

And now, permit me to ask my querist on what grounds he gave Aconite and Gelseminum alternately in his case? Where is his proving of these remedies *in alternation*? What is the difference between such an alternation and a literal mixing of the remedies? Also, which was the curative agent, Sambucus or Sanguinaria? Finally, what is the value of an experience almost wholly derived from alternated remedies? I submit that such alternations are even worse than the "acetous syrup"—the one solitary piece of polypharmacy in a practice of "single remedies"—and with such practice my querist will be apt "to see through a glass darkly" to the end of the chapter.

Doubtless the preparation of the solution of chlorine will be fully described in Lodge's Dispensatory; in the meantime, I will again endorse Carroll Dunham's very excellent proving.]

T. N.

General Editor's Observations.

AMERICAN OBSERVER FOR 1870.

Our readers will doubtless observe the improved cover and title page, as well as a superiority in the matter contributed by the various writers. The alteration in title page does not involve a change of name. The whole title reads: "The American Observer, a monthly journal devoted to the dissemination of Homœopathy; the 'medicine of experience'"; the abridged title is "American Homœopathic Observer"; the short title for mailing purposes, "American Observer, Detroit, Mich." Our friends will no doubt consider that this is an improvement on the old title page, which was somewhat awkward, having the term "homœopathic" repeated.

Our opponents will not concede that homœopathy is "The Medicine of Experience," but we not only agree with Hahnemann that it is such, but will furnish demonstrations of the fact from month to month.

The prefix *American* was first added (with the April number of No. 4, vol. I., 1864) for the purpose of distinguishing our publication from the "Homœopathic Observer" of England, and as that periodical has been long since discontinued some may think that the appendage might be dropped, but we have a special satisfaction in retaining it. It has been distinctively American from the first issue, and has introduced more of our indigenous remedies to the profession than any other journal; and more than this it will be hereafter, if possible, more definitely American. Local interests may occupy a little space, but the wants of the profession of the United States at large will be mainly considered.

We do not propose publishing an account of all our projected improvements, as the record the "*American Observer*" has made for itself during the last six years will be esteemed an earnest of its future growth. Our readers have shown that they can appreciate every effort we have made for its advancement, and thus encouraged we can labor more perseveringly than ever.

The names of collaborators have been omitted, but we purpose publishing at close of the volume an alphabetical list of the names and residences of all who write for the *American Observer* this year.

PROF. D. A. COLTON has united with SAMUEL A. JONES, M. D.,* in charge of the Department of Pathology and Microscopy, and we are sure that these professors will make this department one of the most interesting and scientific. They have superior abilities and will certainly not lack in effort.

S. LILIENTHAL, M. D., of New York, who has already contributed to our pages the best translations of foreign homœopathic literature, will take special charge of this department in the *American Observer* hereafter.

PROF. GATCHELL'S interest in the *American Observer* is undiminished and regular contributions on subjects relating to *Physiology and Principles of Medicine* may be expected.

BUSHROD W. JAMES, M. D., has exhibited special talent in the Department of Surgery and will continue the series of illustrated articles which have been so well received.

THOMAS NICHOL, M. D., will publish in the *Observer* each month valuable papers relating to the diseases of women and children. The series on "The Respiratory Affections of Childhood" will be continued regularly.

PROF. EDWIN M. HALE, one of the oldest friends and writers of the *American Observer* continues at the post he has honored in the past, and the department of "*Materia Medica and Special Therapeutics*" will be richer than ever.

W. S. SEARLE, M. D., gave us very efficient aid in the *Clinical Department* during 1869, and our readers noticed a constant improvement in the matter published from month to month. We have received some of the most interesting reports for publication this year.

EVERETT W. FISH, M. D., will furnish for the Department of *Chemistry and Pharmacology* a series of interesting and practical papers.

L. YOUNGHUSBAND, M. D., LL. D., will devote attention to the Department of Obstetrics and requests contributions of a practical character for our pages. His postoffice address is Mt. Clemens, Michigan.

We hope that all our readers will understand distinctly that each editor is responsible only for the views expressed in the articles which appear under his own name.

With a view to the enlargement of our subscription list we ask our present subscribers to show this number to any of their medical friends who do not now take it. We are willing to compensate for the time expended in procuring new subscribers by sending for one new subscriber at \$2 00, a copy of the "Text Book of Domestic Homœopathy," "Hill's Epitome," or "Present state of the Practice of Physic." For two new subscribers at \$2.00 each, \$4.00, "Caspari's Domestic Physician." For three new subscribers at \$2 00 each, \$6 00, "New Homœopathic Prov-

*Who drops the *nom de plume* of Carl Müller.

ings," by Hale, or any one of the back vols. of American Homœopathic Observer, except vol. 1, which is out of print. For six new subscribers at \$2 00 each, \$12 00, "Hale's New Remedies," or "Buck's Materia Medica." For ten new subscribers at \$2 00 each, \$20 00, "Bähr's Therapeutics," in two volumes.

These premiums are for *bona-fide* NEW subscribers (persons whose names we have not on our subscription list now.)

COMMUTATION IN CLUBBING WITH OTHER PERIODICALS.

British Jour. of Hom. quarterly,	6 50; Observer, 2 00—	8 50—for 8 00
British Homœopathic Review,	4 50; Observer, 2 00—	6 50—for 6 00
Gynæcological Journal,	3 00; Observer, 2 00—	5 00—for 4 00
The Independent,	2 50; Observer, 2 00—	4 50—for 4 00
Phrenological Journal,	3 00; Observer, 2 00—	5 00—for 4 00
American Agriculturist,	1 50; Observer, 2 00—	3 50—for 3 00
Wood's Household Magazine,	1 00; Observer, 2 00—	3 00—for 2 50

COLLEGES, SOCIETIES ETC.

HOMŒOPATHIC HOSPITAL FAIR AT PHILADELPHIA was a decided success, realizing over \$15,000. Pretty well for times of financial stringency.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO.—"This College is at present holding a very pleasant and successful session. Its corps of teachers is made up of those who are harmoniously and energetically laboring to make the institution worthy its name and an honor to the northwest. The class is composed of about fifty earnest students, some seven of whom are females. Before this, however, is read by your numerous patrons, there will probably be over sixty in attendance.

The matter of Homœopathic Hospital is now being considered by the profession here, some \$30,000 having been already pledged for that object. You must not therefore be surprised if, before another year rolls round, you should be invited to attend an opening dinner in a newly appointed Homœopathic Hospital, and to listen to a college introductory in a permanent edifice. C.

HOMŒOPATHIC COLLEGES OF ST. LOUIS:

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA:

Are both doing well at the present session and we hope to have special reports for the February number.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.—Over ninety students have been in attendance the present session, being the largest class of the College, and we are happy to be informed that both College and Hospital are in an excellent condition. The clinics, surgical and medical, are full and interesting.

NEW YORK HOMŒOPATHIC COLLEGE has also had a larger class than last year. There has been somewhat of a conflict between the *outs* and the *ins*, but we are assured that the institution is now under charge of able and efficient professors, who will work for the good of the cause. We have received some anonymous communications respecting the College, but according to our rule we cannot notice them.

HOMŒOPATHIC STUDENTS OF MICHIGAN UNIVERSITY have recently organized a Homœopathic Medical Society, with twenty members. They propose providing for a course of lectures, and we wish them success.

CONSPIRACY AND SECESSION IN MICHIGAN.

Mr. Editor: In the quarrel which has existed regarding the Michigan Homœopathic Institute during the last two years I have taken no part, but have tried to harmonize the contending parties, and produce that unity which was essential to success in our efforts to secure the recognition of Homœopathy in our State University. Therefore it is with regret that I feel called upon to even appear to enter into the discussion, but a communication from Michigan in the* Gazette for this month signed T. demands correction because statements in it regarding the Michigan Homœopathic Institute misrepresent that body, and do injustice to the State of Michigan; and in order that the profession at large may not be misled I deem it my duty as Secretary of the Institute to state what has been done by the Society toward its incorporation and the relation which the new Institute spoken of by T. bears to it.

I do not intend to accuse your correspondent of wilful misrepresentation. He evidently is not a member of the Institute and is not well enough acquainted with the facts to avoid mistakes.

The homœopathic physicians of New England were no doubt surprised to learn that the Michigan Homœopathic Institute had existed for nearly ten years "without the authority of law;" they may rest assured however that there is no law on the Statute Books of our State that forbids the members of any lawful profession from organizing a Society to further the interests of their calling; on the contrary such an organization can be formed *by authority* which is derived from what the lawyers call the "common law," which the Constitution of Michigan declares to be in force when it does not conflict with Legislative enactments. And it might be inquired whether the new society, if it performs the functions of a Medical Society only, is as well entitled to the "authority of law" in the sense claimed for it. There is no law now on the Statute Books of the State that gives medical societies the rights of corporate bodies. There is one it is true by which Institutions may be formed for the treatment of disease and for giving instructions in medicine and hygiene, but this undoubtedly refers to Medical Colleges and hospitals and does not meet the case of Medical Societies. Another law however allowing the incorporation of Literary Societies and Bodies for the promotion of Science, such as Geological Societies &c., having a local office for the transaction of business, is so loose in its construction that a body of medical men needing the fostering care of the State might with considerable crowding crawl under it.

At the last meeting of the Institute, which was held in Ann Arbor on the 18th and 19th of last May, the following resolution was passed:

"That a committee of three be appointed by the Chair to ascertain and report at the next meeting—special or regular—as to the existence of a general law of the State, whereby the Institute may become a chartered institution, and as to the propriety of conforming thereto!"

It will be seen that this resolution gave the committee no power further than to report at the next meeting, which is to be held in Flint on the third Tuesday in June 1870. The Society organized in Jackson is an independent concern, and has no relation to the Michigan Homœopathic Institute. Whether it is advisable to incorporate

*New England Medical Gazette, Dec. 1869.

the Institute need not now be discussed. If at the coming meeting the majority shall decide to degrade our time honored society to an incorporated debating club those of us who are opposed, will submit with as good a grace as we can command.

I need not review the history of the Institute in its endeavors to secure a department, or a chair of Homœopathy in the State University suffice it to say that up to 1868 its meetings had been characterized by a remarkable degree of harmony and brotherly kindness. At this time a victory was almost within its grasp. The Regents of the University had partly acceded to its demands by establishing a School of Homœopathy in the University, to be located at some other point than Ann Arbor, and appointing Dr., Charles J. Hempel Prof. of Theory and Practice, but were waiting the meeting of the Legislature to legalize their action. But here unfortunately commenced those personal jealousies which in less than a year from their commencement lost us all that had been gained in eight years, leaving us nothing but the law of 1850, which had ever remained a dead letter, and came well nigh losing us that.

Leading men in the organization of this new Society who had stood aloof from the Institute for years, seeing Homœopathy about to triumph, and fearing that their claims in accomplishing this result would not be sufficiently recognized, came to the regular meeting of the Institute, held at Grand Rapids May 19th. 1868, with the determination—expressed on the way—to “rule or ruin,” and commenced an attack on the members of the Committee on University with a strange abusiveness which cannot be accounted for. Their excuse for this course was that the Committee had agreed to accept a branch Institution instead of contending for a single professorship at Ann Arbor. But as the Committee had only carried out the instructions of the Institute, and some of these very fault finders were the first to advocate and up to this time were the strongest adherents of a separate Homœopathic School, this was evidently not the real cause.

This spirit of abuse did not exhaust itself on the Committee, but was transferred to any one that dared to differ with the conspirators. Many of the best and most influential physicians of the State becoming disgusted at the division withdrew their support from the Society, and did not attend or take part in the meeting at Ann Arbor, and as a consequence the clique got possession of the Institute sufficiently to control the election of the University Committee for the year. Without the remotest idea of supplanting or interfering in any way with the new committee, but simply to learn the opinion of the physicians of the State, a Circular was issued during the last Summer by Dr. Hempel and others submitting three propositions substantially as follows: Are you in favor of a professorship in the Medical Department at Ann Arbor; a Homœopathic College on the grounds of the University at Ann Arbor: or for a Homœopathic Department of the University in some other part of the State, with a full corps of Professors that shall in all respects be of equal rank with the other Medical Professors in the University.

The appearance of this circular was met with a perfect storm of abuse, and the honored and venerable head of Dr. Hempel was not sufficient to protect him from the bitterest invective.

A majority of the physicians of the State answered the circular and signified themselves in favor of a separate College. This will account for the Secession affair at Jackson, for the clique saw that their power could last no longer than the next meeting.

Whoever the ostensible head of the new society may be, the manner in which it was organized shows that the same person—who is well versed in the wire pulling and intrigue of political parties—who originated the clique still owns and controls it. The profession of the

State had no more to do with the organization of it than the physicians of Massachusetts. No one was consulted in regard to it who was not in the ring, and they tried to keep the proposed meeting from all others as a profound secret.

The University question may be considered for the time being decided. Our possession of a Homœopathic Department, or Chair in that institution at present is neither to be expected nor desired. Such a result, with a divided profession in the State, would be a real calamity, and would bring nothing but disgrace to the cause of Homœopathy.

The coming year will determine whether the Institute will be sustained and kept alive or not, but in any event a united profession in this State is probably for many years impossible.

J. D. CRAIG M. D., Secretary Michigan Homœopathic Institute.
NILES, Michigan, Dec. 21st, 1869.

EDITORIAL REMARKS.

It is not necessary for us to add anything to the above to show that this new movement is merely the culmination of Thayer's conspiracy, which has received the sanction of only a *very small minority* of the physicians of the State. If it was desirable to form a new State Institute the manly and honorable way of doing it would be by a call for a *convention of all the homœopathic practitioners of the State*. [Which was the course pursued when the Michigan Institute was organized.] The idea of asking the homœopathic physicians of Michigan to abandon their old State Institute to unite in a new society formed by a clique, and electing its officers at a private meeting, not attended by *one twentieth* part of the physicians of the State, is simply absurd. The active men in this movement are the same who figured at Lansing and deceived our legislators by telling them that so long as the first proviso remained the homœopathic physicians of Michigan did not care about the second (which restrained the paying over of the University appropriation until homœopathy was represented.) They have procured the loss of the advantages gained by a struggle of several years, and now very modestly propose that the profession shall permit them to RULE. *It would be the rule of the bramble.*

E. A. L.

FOR THE FARM, GARDEN, AND HOUSEHOLD.—We can confidently recommend all our readers to promptly provide themselves with the *American Agriculturist* for 1870. We have received the first number of the 29th Annual Volume, and find it filled with a large amount of exceedingly practical, useful information, not only on every subject pertaining to soil culture, including the Garden, the Lawn, and Flower bed, and the care of the little plots of the City and Village homestead, but also for the Housekeeper, and the Children. Many excellent engravings, both beautiful and instructive, give additional interest to every number. Taken altogether, the *American Agriculturist* is one of the most beautiful and valuable journals in the world, adapted equally to City, Village, and Country, while it is a marvel of *Cheapness*, owing to its unprecedented circulation, which divides the cost of preparation among so many, that a great deal can be given to each. Terms \$1.50 a year; four copies \$5, or ten copies for \$12. It is richly worth all it costs and more. Orange Judd & Co., Publishers, 245 Broadway, New York. If taken with AMERICAN OBSERVER, \$3, (for both.)

NEW LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.

Lisbon, Linn Co., Iowa.

Galena, Illinois.

Jacksonville, Morgan Co., Ill.; population 3,000.

Winchester, Scott Co., Illinois.

Chemistry and Pharmacology.

THE CHEMISTRY OF MEDICINE.

There is no department of a journal so hard to fill properly as that of Chemistry. There is no department more interesting when properly filled, if the word "proper" signifies a position on the farther outlines of the science. To be at the circumference of Chemistry to-day, talking of kakodyl compounds—and gazing at the zero centre where many of the herd are grazing is an uninteresting occupation. Acknowledging the "confines" of the science to be mazy and "sticky" yet it is far more clear and pliable than the view from half way up the ladder. To get off from stilts, we mean that those who delve in the science "amateurly" from love of it—who know what the "ammoniated nitrate of the sesqui-oxide of Mercury" is—are far more pleased and tickled by elaborate and well written articles in the van of chemical knowledge, than are those who have the alphabet yet to learn.

But the latter class comprises about $\frac{1}{2}\%$ of our readers. Now comes the question. Shall the OBSERVER take the lead so far as is practicable, and present articles each week which one in twenty takes an interest in, but which leaves the nineteen to uncut leaves, or take up the subject in its simple relations and seek to educate as well as interest. For our own benefit we could love to dwell upon the new discoveries and the deeper researches which are about exhausting our nomenclature with hard names. Thousands of pages remain to be written on the subject. But we realize that in pursuing the subject a great distance we step out of the domain of medicine and hence we are leaving the nineteen in the lurch. A short time since we read an article advising new provings and recent studies of our old remedies—that Bryonia be selected to receive the pains bestowed upon *Ptelea tri.*, etc., and although ever an advocate of progress we believe it to be a good suggestion. So in Chemistry, our mission as journalists will be better fulfilled if we scatter abroad such information as will be of instructive value to the great majority of our readers rather than to creep around the confines of the science in the suburban precincts of larger and exclusively Chemical journals.

For that reason we propose to publish the following year two series of articles, endeavoring to have one of each in every number. 1st. A system of simple qualitative analysis—of minerals and organic *materies morbi*—simplified from Fresenius, Will and Galloway and Douglas. 2nd. A series of articles on organic Chemistry, explaining in some measure the nature of Carbo-hydrogen series, with the Alcohols, Ethers, substitution products, etc.,—seeking rather to furnish simple classifications rather than elaborate treatises.

E. W. F.

Book Notices, etc.

ILLUSTRATED ANNUAL OF PHRENOLOGY AND PHYSIOGNOMY, for 1870.—Contains 50 engravings of leading Editors, and a variety of interesting articles. Price 25 cents. S. R. WELLS, Publisher, New York.

PHRENOLOGICAL JOURNAL.—Edited and Published by SAMUEL R. WELLS, 389 Broadway, New York. Monthly at \$3 per year.

Reaching the 50th volume, the publisher has reduced the size to the more convenient octavo form, and increased the number of pages, so that it now presents the features of an admirably illustrated and interesting monthly magazine. If taken in connection with the Observer and subscription for both paid at this office in advance, a deduction of \$1 can be made, making the price \$4 for both journals.

THE INDEPENDENT, a weekly religious newspaper, published by HENRY C. BOWEN, 3 Park Place, New York, at \$2.50 per year.

It is needless for us to say anything to our homœopathic readers in favor of "The Independent," as they know that no other religious paper has been as outspoken in their favor. The publisher presents each NEW subscriber with Ritchie's steel engravings of Grant and Colfax, which are valued at \$2 each (\$4), and by the liberality of the publisher we are enabled to offer to any of our subscribers (*old or new*) both the Observer and The Independent for 1870, with the *premium engravings*, for \$4, but this offer is only for *bona fide* NEW subscribers to The Independent, and the cash is to be remitted by postal order or registered letter to "*American Observer*," Detroit, Mich.

VICK'S ILLUSTRATED CATALOGUE AND FLORAL GUIDE, for 1870. Rochester, N. Y.

Mr. James Vick, with most commendable generosity, offers to send his catalogue to his regular customers *free*, and to all others on receipt of ten cents. It contains 84 pages, printed on fine paper, with about one hundred fine wood engravings and a beautifully colored lithograph of "Phlox Drumondii." We have used Mr. Vick's seeds, etc., in our garden for several years, and have always been pleased with the articles received from his establishment.

THE SCIENCE OF THERAPEUTICS ACCORDING TO THE PRINCIPLES OF HOMŒOPATHY, by BERNARD BÄHR, M. D. 2 vols., octavo, \$10. BOERICKE & TAFEL, N. Y. E. A. LODGE, Detroit.

A comprehensive review of this excellent work, occupying about 18 pages, is in type, and will appear in February number.

RECEIVED FOR NOTICE.

Report of Intemperance as a Disease.

Sulphur as a Remedy for Neuralgia and Intermittent Fever.

Review of Homœopathic Quarterly, &c., by E. G. Cook, M. D.

The Pathology of Bright's Disease.

Fœticide, or Criminal Abortion, by Hugh L. Hodge, M. D.

Inaugural and Annual Addresses Hom. M. S. N. Y., by Wm. H. Watson, A. M., M. D.

Personal Notices, etc.

Liscomb.—S. J. Liscomb, M. D., of Jacksonville, Morgan Co., Ills., owing to a severe attack of general anasarca is obliged to relinquish practice, and desires a successor.

Nichol.—Prof. Thomas Nichol sends the conclusion of his article on pseudo-membranous croup. His next paper will be on "*scarlatinal croup.*"

Barnes.—Prof G. W. Barnes must be travelling again. A letter to him addressed Cleveland was remailed to Newark, Ohio, and then to Omaha, Nebraska, and finally back to Detroit.

Hughes.—Alfred Hughes, M. D., of Baltimore, Md., has sent us a paper on "Some absurdities in Homœopathy as now practiced."

Stansbury.—Edward A. Stansbury, Esq., the recent Secretary of the New York Homœopathic Insurance Company, has been elected and has accepted the position of Superintendent of Agencies in the Craftsmen's Life Insurance Company. Mr. S. has decided talents and will doubtless honor his new position.

Gatchell.—Prof. H. P. Gatchell is no longer connected with Mr. Pennoyer's establishment but is now conducting an institution under the name of "*Oak Grove Sanitarium,*" at Racine, Wisconsin.

Holcombe.—W. H. Holcombe, M. D., a homœopathic physician of New Orleans, appears to have been very successful in his literary efforts. Three of his books have been published within a year and a half, and one of these we understand has already reached the sixth edition. His last book, "*In Both Worlds,*" we have received and will notice in its proper place.

Morden.—R. J. P. Morden, M. D., of London, Ontario, has recently taken into partnership Dr. J. B. Campbell, recently of Lapeer, Michigan.

INECROLOGICAL.

Clark.—Geo. R. Clark, M. D., died of diphtheria, at Portland, Me., November 1, 1869, aged 35. He was a skilful physician and a true man.

Ross.—Rev. John R. Ross, a baptist preacher of talent as well as a successful practitioner of homœopathy, departed this life at Clarkston, Michigan, on the 30th of October, 1869, deeply lamented by a large circle of friends. He has left a wife and adopted daughter to mourn his loss.

Richle.—Dr. Charles E. Richle, a homœopathic physician, of Galena, Ill., died of paralysis, on the 1st of December, 1869. His widow reports that there is now a vacancy for a homœopathic physician there.

Bellows.—Dr. Albert J. Bellows, a homœopathic physician of Boston, and author of "*How not to be Sick,*" and "*Philosophy of Eating,*" and several minor publications, died at Boston on Saturday night, December 18, 1869.

MARITAL.

James-Eveland.—On the evening of December 2, 1869, at the residence of the bride's parents, by the Rev. Theo. Stevens, Dr. John E. James to Miss Maria L., daughter of Daniel Eveland, Esq., all of Philadelphia

REMOVALS.

Brown.—Dr. J. W. Brown, from Morrisville, N. Y., to Carthage, N. Y.

Cauch.—Dr. R. Cauch, from Princeton, Ill., to Fairbury, Ill.

Knapp.—Dr. H. Knapp, from Adrian, Mich., to Virginia City, Neb.

Reviews and Book Notices.

THE SCIENCE OF THERAPEUTICS.*

Since the publication of Hartmann's well known "Acute and Chronic diseases," there has been no German work upon theory and practice given to the homœopathic world.

Laurie, Marcy, and later, Marcy and Hunt have endeavored to supply this felt want, but we do not hesitate to say that it has been reserved for a German author to satisfactorily fill this vacant place in our literature by giving us a reliable work upon Homœopathic Therapeutics, which, without being a mere compilation, would not disgrace our school by its lack of pathological completeness or correctness.

We say a felt *want*, for reason as the theorist may say, most plausibly, concerning the impropriety or impossibility of connecting together in one work a description of disease with its appropriate treatment, owing to each case presenting symptoms and conditions peculiar to itself, different from every other case; yet admitting this, and this we only do for argument sake, not for a moment admitting that the objection is other than plausible, the *want* of just such a work is felt by every hard working practitioner, a work, that, together with a recognizable description of disease, will serve to indicate the class of remedies, if not the exact remedy suited to its cure.

Our writers have acknowledged this felt want, but feeling the force of the objections, have evaded the difficulty by either publishing a work upon Pathology, giving with it however therapeutic hints equal in bulk—and about equal in value too, to the proper subject matter of the volume; or, have excused the attempt by merely endeavoring to furnish a guide for the inexperienced practitioner, the student or that wonderful person, the allopathic seeker after truth; not intending by any means to prevent the reader from searching the *Materia Medica* through and through for the proper simillimum for each individual case, but merely to prevent the beginner from floundering too deeply in its miry depths, by indicating the proper direction in which to search; or have produced wonderful works for the use of families and junior practitioners: the remarkable array of Domesticates.

Our author admits that "a special system of therapeutics never was, nor ever will be, a necessary, scientifically founded requisite of our doctrine, but will always depend upon the necessity of mediating between us and our therapeutic antipodes and opponents. In this way they will find it easier to institute clinical experiments with our system

*The Science of Therapeutics according to the Principles of Homœopathy, by Bernard Bæhr, M. D., translated and enriched with numerous additions from Kafka and other sources by Charles J. Hempel, M. D. New York, Bœricke and Tafel, and Dr. Lodge, Detroit, 1869, 2 volumes, pp. 635 and 752. Price \$10, postage free by mail on receipt of price.

of treatment, and to form correct opinions concerning its scientific value," and thus, for the seeker after truth he writes; but again and much more to the point such a work is allowable, for, although, "with an exhaustive diagnosis of disease, and a complete knowledge of drug effects, we are placed in possession of all the requisites of therapeutics, we might really do without any special system of this science, *but* "up to this time we have not yet reached this point. We are neither in possession of the means to complete our investigation of disease, nor are we thoroughly acquainted with the effects of drugs * * * this fragmentary knowledge compels us to avail ourselves in many cases of disease of such knowledge of the action of drugs as we have obtained from their clinical use; consequently, it is this kind of knowledge that has to constitute the chief contents of a manual of homœopathic therapeutics, for the reason that it completes the knowledge in which we are as yet deficient."

To furnish then, a guide for the allopath, and to give us the results of his clinical experience, the author has given these volumes to the public; volumes that may be read and studied by the most advanced practitioners with profit, and which, from the vein of strong common sense, and thorough practicalness which runs through them, constitute by far the best work we have upon this subject.

Let us however as we briefly review our author's labors, keep steadily in view, the aim he had in giving them to the public; first, as a contribution to propagandic literature: secondly to give the results of clinical experience.

In an introduction of fifty-five pages the author gives an exposition of the principles of Homœopathic Therapeutics, admirably suited to its purpose: the reading of the old school practitioner; all that is of interest to us is the decided way in which under the heading "Diagnosis of the natural disease" he repudiates Hahnemann's ideas in this matter, as being too much behind the present requirements of science, claiming that a proper diagnosis is essential to a correct treatment. This we shall frequently see illustrated in the body of the work, where the author makes the selection of the appropriate remedy depend upon a careful diagnosis of the disease. The author, we may remark, condemns utterly the alternate administration of remedies, such a mode of administration being excusable only in great uncertainty of diagnosis "but never to be defended as scientific."

Under the head of the dose, any normal dose, as Hahnemann's thirtieth, is repudiated; the whole range is to be used according to the specific indication of each individual case, bearing in mind too the difference in medicines in this respect, some requiring, some only merely bearing, much "potentization;" the author does not stand in much dread of the bug bear of medicinal aggravation, the consequences of such being mostly trivial, and on the other hand remarks "that the limit up to which the dose of a remedy prescribed in accordance with the law of similarity, can be diminished, without being divested of its curative power, has not yet been fixed up to this time." We might ask will it ever be *fixed*? Has the author then ever heard of illustrious Fincke and his 100, 000th. washing? Under this head we have some advice which is worthy of quotation. "Let both parties" high and low potency men "*just gather good material*, after which, they may wage a war of extermination." If our writers would but just accept this advice, wait until their store houses were full of *good material*, how much better could they do battle, and meanwhile what a blessed time of peace we would have, a good long time, too, if they have to obtain their good material from the high potency cures contained in our magazines.

The author finally, claims that surgical interference, balneo-therapeutics, hydropathic treatment, the movement cure have each their

proper place among the resources of the homœopathic physician. "No homœopathic physician" however "should avail himself of any remedial agent, the use of which cannot be justified upon the principles of homœopathy:" how much more sensible, and scientific is this well drawn limitation than that of so called purists, who say that the true homœopathician must confine himself to the law of similars, the single remedy, and the minimum dose, a rule as contracted and unyielding as the brains of its originators.

Throwing aside the many attempted scientific classifications of disease, the author has adopted the antiquated, entirely arbitrary, but by no means the worst system, that of simple regional, or anatomical subdivision of the subject.

This system, most certainly the simplest possible, has the great inconvenience of placing, for instance, Erysipelas as a disease of the skin, Diphtheria a disease of the mouth, Diabetes among the affections of the kidneys, and of committing many such gross inaccuracies; but as a perfect system of nosology is yet a desideratum, this, the simplest is perhaps the best that can be adopted, for all practical purposes.

Beginning then: section first considers diseases of the Brain, the spinal cord, and the nervous system generally; of this, the sub-section (*a*) treats of diseases of the Brain, beginning with an article, which as it is a fair, but by no means the best example of the author's style and method, we will quote entire.

HYPERÆMIA OF THE BRAIN AND ITS MEMBRANES.

Even up to a recent period, doubts have been entertained whether a true hyperæmia of the contents of the skull is possible or not, and a number of reasons were well calculated to favor such doubts. Recent physiological experiments, however, have shown satisfactorily that the volume of blood within the skull may differ, and we will refrain from taking sides in this purely pathological question, except so far as to pronounce in favor of the opinion according to which hyperæmia of the brain is not only possible but likewise of frequent occurrence.

By hyperæmia of the brain we understand a condition of this organ where the cerebral vessels contain more blood than the normal quantity. This abnormal increase of the volume of blood may be occasioned by three different causes. In the first place, the flow of blood from the brain being normal, a larger quantity of blood returns to the brain. In the next place the flow of blood from the brain may be abnormally diminished, whereas it may be returned in a normal quantity. Finally, the cause may be located in the brain itself, the cerebral parenchyma may become atrophied or softened, or the capillaries of the brain may become enlarged.

Hyperæmia of the brain is either confined to a limited locality, or extends throughout the whole organ. It will scarcely ever be found possible to establish, during the life of the patient, a sure diagnosis regarding the special seat and the extent of hyperæmia, for the reason that congestions of limited extent frequently excite much more striking symptoms than more extensive congestions. So far as therapeutics is concerned, such a diagnosis is scarcely ever of much importance. Even a post-mortem inspection does not always show hyperæmia with absolute certainty, since a sanguineous engorgement is often supposed to exist where there is not any, and on the other hand, localized or apparently not very marked stagnations are often overlooked. In this respect the meningeal membranes are very apt to lead one into error. On the contrary, the post-mortem signs become much more apparent in consequence of a frequent recurrence of the congestion, since this causes a dilatation of the vessels. By this means the vessels of the meningeal membranes are made to look like varicose veins, having a strongly marked serpentine course, while the substance of the brain, on its cut surface, exhibits more or less numerous bloody points, and even assumes

a reddish tint. It often happens that the most unmistakable signs of a high degree of cerebral hyperæmia have been present during life, without any corresponding alterations being discovered after death.

The most important terminations of cerebral hyperæmia, which impart to it a higher significance in practice, are: sudden death from paralysis of the brain in consequence of excessive pressure of the blood; dilatation of the vessels especially the capillaries, by which the tendency to congestion is increased; exudation and extravasation.

The causes of cerebral hyperæmia are various and important in a practical point of view, since in most cases they determine the selection of the suitable remedy; these causes are of two kinds, causes which affect the brain directly, and indirect causes, by which, through the operation of influences that are partially unknown to us, the brain becomes involved in an affection more or less remote from the brain. Among the direct causes affecting the brain, the most prominent are; concussions of the head by fall, blow, etc., continued, persevering and excessive mental exertions, emotional excitement, exposure to excessive heat of the sun (insolation—*coup-de-soleil*) or to artificial heat, likewise to excessive cold, more particularly if the influence of cold is suddenly succeeded by the action of intense heat. In the second category we may range, according to circumstances, almost all kinds of febrile affections, since almost all of them may be associated with cerebral hyperæmia; in this place we will content ourselves with mentioning pathological processes where cerebral congestions are almost always present. They are: Erysipelas of the face, angina, parotitis, inflammatory affections of the eyes and ears, irregularities of the teething process.

Among the more or less chronic affections that may be mentioned in this connection as causal circumstances, the most prominent in the list of those that impede the flow of blood from the brain are: Defects of the right heart, emphysema, tumors of the neck; in the list of those that occasion a general increase in the impulse of the circulation: Anomalies of the left ventricle, suppression of habitual losses of blood, (menses, p'les) In this last category we likewise range, without doing any great violence to the natural order, the cerebral hyperæmias occasioned by the abuse of alcohol or of other narcotic substances, such as Opium. Without doubt, there likewise exists a tendency to cerebral congestions, in which case they may take place without having been excited by any perceptible pathological alteration. This tendency is identical with the so called apoplectic habitus, but cannot be recognized with any certainty, *a priori*, by definite diagnostic signs, but has to be determined in most cases *a posteriori*, by the actual fact; it is a certain fact that it is not alone indicated by a thickset frame and a short, thick neck. On the other hand the idea of a probable occurrence of cerebral hyperæmia suggests itself, *a priori*, in the case of individuals who, while consuming quantities of nourishing food, do not take bodily exercise in a corresponding ratio, and in whom this mode of living develops a condition that may be justly termed plethora. We have already stated in a former paragraph that the frequent repetition of attacks of hyperæmia leads to a dilatation of the vessels, which increases the disposition to renewed attacks.

Generally speaking, the prognosis in this affection is favorable, since a fatal result need not be apprehended unless some other complicating affections should supervene. In one respect it depends upon the age of the patient. Whereas, in persons of middle age, the danger is not very serious; it is, on the contrary, much greater in the case of children and old people. In the case of children death takes place very frequently in consequence of the cerebral paralysis occasioned by the hyperæmia; in old people, the vessels are generally so fragile that they readily tear, and their contents become effused upon the brain. The apparent violence of the hyperæmia is no adequate criterium of

the danger caused by it. On the other hand, the more frequently the congestion occurs, the more dangerous it becomes. When it depends upon pre-existing derangements, the prognosis depends almost exclusively upon the character of these derangements.

The symptoms by which hyperæmia manifests itself vary, probably according as one or the other locality of the brain is the seat of the affection, and according as the pressure upon the brain is more or less violent.

The head feels heavy, confused or as if encircled by a tight band; the headache, which is scarcely ever wanting, is almost always throbbing, and is aggravated by stooping, unusual exercise and every mental effort. Buzzing in the ears, sensitiveness of the eyes, even seeing of sparks and obscuration of sight, are generally present. Vertigo is seldom wanting; if arising from anæmia, a characteristic sign of this kind of vertigo is to become aggravated by stooping, but more especially by looking up, by which, for that matter, any other complaint in the head is made worse. Generally the patient feels drowsy, without, however, being able to sleep, or else the sleep is anxious, disturbed, full of dreams. The patient feels very languid, and his gait is rendered insecure by a want of firmness of the lower limbs. The pulse may continue normal and, if the congestion sets in as an idiopathic disease, febrile phenomena are entirely absent.

This mildest form is combined in other cases with a prevailing disturbance in the emotive sphere, characterized by constant restlessness and gloomy ideas; sleep is disturbed by anxious dreams, which in the more violent cases, do not even entirely disappear while the patient is awake; they even assume the character of hallucinations, and, if the trouble continues without being checked, a permanent mental derangement will not unfrequently result. Palpitation of the heart, ill humor, distrust, total indisposition to work, fitful mood, are almost always present. This form of hyperæmia mostly befalls individuals who, while indulging in good cheer, take little bodily exercise, but perform a large amount of mental labor. The foregoing symptoms are so characteristic of hyperæmia consequent upon suppression of certain forms of hemorrhage.

The trouble is much more dangerous if it sets in as an acute affection, and, although very violent at first, continues to increase in intensity until it terminates in death. In such cases the face looks dark-red, the eyes are injected, the vessels of the head and neck pulsate violently, the pupils are almost always contracted, the organs of all the senses are very sensitive, the headache is maddening. Furibond delirium is apt to supervene. This type is most prominent in hyperæmia occasioned by sunstroke, and not unfrequently, is an accompaniment of mental derangement.

Not very unfrequently the above described symptoms are suddenly succeeded by all the signs of apoplexy, regarding which the diagnosis cannot be established with any positive certainty until the proportionally rapid course, and the sudden disappearance of the symptoms of paralysis have satisfied one that no extravasation of blood can have taken place, since the fluid could not have been reabsorbed so soon. In this category belong most likely all the cases that are said to have been cured so rapidly. Cerebral hyperæmia may likewise, though erroneously be supposed to exist during an epileptic attack; here the course of the attack alone gives us perfect certainty concerning its true nature.

Among children hyperæmia is an almost habitual accompaniment of all febrile affections, and not unfrequently conceals the symptoms of the true primary affection, for the reason that the course of the hyperæmia is marked by the more violent symptoms. In every considerable congestion convulsions of one or the other kind almost always supervene; they are accompanied by drowsiness even to sopor, delirium,

excessive restlessness and anxiety, and vomiting is almost always present. However threatening such a condition may seem at first sight in almost every case, yet it passes off speedily and without leaving a trace behind, so that the hyperæmia seldom lasts longer than thirty-six hours, and generally abates already after the lapse of twelve hours.

TREATMENT—*Belladonna*.—Among all the remedies of our *Materia Medica* there is not one which, in its physiological action upon the organism, reproduces the image of cerebral hyperæmia in all its degrees and forms as completely as *Belladonna*. It is of importance to refer to the many evidences of *Belladonna* poisoning where a post-mortem examination reveals a more or less considerable sanguineous engorgement in the vessels of the brain. If nowhere else, it is certainly in cerebral hyperæmia that *Belladonna* is calculated to show the correctness of the homœopathic method of cure, since, in most, especially uncomplicated cases of this affection it affords relief with wonderful rapidity. It would be useless to detail, in this place, a list of the principal symptoms of this drug, for the reason that their vast number and physiological differences render it necessary that the provings of this drug should be subjected to a special and most careful study. However, it may be of importance to place a few more general points of view more prominently before the reader. As regards temperaments, the sanguine temperament is more especially adapted to the drug. Plethoric constitution, disposed to rush of blood, together with a nervous system endowed with a high degree of sensitiveness, likewise childhood and the female organism, constitute the more special sphere of action for *Belladonna*. The greater the tendency to cerebral congestions, and the more frequently the patient has been attacked by them, the more *Belladonna* will be found suitable. Hence it will be found particularly useful in the more important periods of development of the body, during dentition and the period of pubescence, but likewise during the critical period. The more the congestion sets in like an independent disease, the more surely it will yield to *Belladonna*; by which proposition it is not to be understood that if the congestion depends upon other primary affections, such as angina, or scarlatina, for which *Belladonna* is the truly homœopathic remedy, such affections impair the homœopathicity of our drugs to the symptomatic congestion. Having thus indicated, in a few leading traits, the general views that determine the selection of *Belladonna* as the remedial agent in the case, we do not mean to convey the impression that other temperaments and constitutions are not likewise accessible to the action of *Belladonna*; such a teaching would be in direct antagonism to the experience of our practitioners.

Among the special symptoms, we quote more particularly the delirium which, in the case of *Belladonna*, is generally furious, and the characteristic excessive sensitiveness of the organs of sense. Contraction of the pupils does not counter-indicate *Belladonna*, dilatation of the pupils not being a constant effect of this drug, although much more common than the opposite. Pallor of the face, or even deficient redness, are more reliable counter-indications. Where there is doubt whether *Aconite* or *Belladonna* should be given, I have always found that a disposition to perspire constitutes, *cæteris paribus*, a valuable indication in favor of the latter drug.

Aconite in its action upon the organism, is so closely related to *Belladonna* that it is sometimes very difficult to choose between the two agents. I have just now indicated a distinctive sign, that has never deceived me. Practically, we have found that a genuine hyperæmia of the brain does not constitute the true field for the action of *Aconite*. The case is different where the cerebral hyperæmia is a mere symptom of a disturbance of some other organ; in such a case, the hyperæmia does not contra-indicate *Aconite* among whose symptoms those of cerebral congestion hold a prominent place. According to Hartmann, *Ac-*

onite is the best remedy for the cerebral congestions that have been caused by violent emotions, such as fright or mortified feelings. This somewhat specific effect may be accounted for by the fact that in such conditions the action of the heart is peculiarly excited, and that Aconite, as we shall show more particularly by-and-by, exerts a remarkable calming influence upon the cardiac excitement." And in like manner the author discriminately gives the indications for the use of *Hyoscyamus*, *Stramonium*, *Opium*, *Coffea*, *Tabacum*, *Nux vomica*, and *Arnica*; the translator, after Kafka, advising that if after twenty-four hours trial Belladonna should prove useless, *Sulphate of Atropine* in the third trituration should be substituted; and in the case of the development of symptoms of incipient compression, *Apis mel.*, or if there be active delirium, throbbing carotids, etc., *Glonoïne*; From our indigenous remedies the editor recommends *Veratrum viride* and *Gelseminum*, mentioning also that in hyperæmia from sun-stroke "frictions of ice to the spine and extremities are indispensable to reawaken the paralyzed reaction of the organism."

Now, in all this article there is nothing striking, nothing novel, and for that reason we have selected it, but it is eminently clear, full and satisfactory; let the reader compare it with Marcy and Hunt's article upon the same subject if he wishes to be convinced exactly how excellent it is, compared with the food we have heretofore been compelled to sustain life upon, as far as our homœopathic literature is concerned. And then how much superior is the author's method of indicating his remedies, to the simple, crude, unscientific, manner of merely detailing the prominent symptoms of the remedy as indications for its use. We venture to say that pages of symptoms respectively of Belladonna and Aconite, with the pages of these symptoms considered comparatively, would not serve as clearly to convey to the mind of the student, the proper remedy, as the author's few lucid remarks giving each remedy's sphere of action.

ANÆMIA OF THE BRAIN.

Anæmia of the Brain is considered but briefly, the author not viewing it as, "such a separate affection as to require a separate chapter." With a coolness sufficient to make Bennet and all advocates of the "plenum" theory fairly shiver, the author considers that "Cerebral anæmia consists either in a diminished volume of blood in the brain, or in a supply of blood to the brain destitute (!) of red globules," in the first place being caused by any obstruction to the proper flow of the blood toward the head, in the second place all the causes of anæmia come into play. "Whereas the deficiency of blood consequent upon losses will have to be counted in both categories, since it is not only the quantitative decrease of the volume of blood, but likewise and perhaps still more, the qualitative alteration of the blood that determines the anæmia. And finally there is no doubt that circumstances with which we are not yet perfectly acquainted, probably changes of a spasmodic nature, may induce a sudden decrease of the volume of blood in the brain, a lesser decrease of which we may very frequently observe in consequence of powerful mental excitement." Many may take exception to the above, with more or less justice, but our space will not allow us to either defend or we would rather incline, to combat the author's physiological ideas, we can not but remark however, that if sanguineous losses will cause a "quantitative decrease of the volume of blood" in the cavity of the cranium, we can not see the irrationality of blood letting for the relief of the opposite condition, hyperæmia; an admission which the author would be slow to make.

After giving the symptoms ordinarily presenting characteristics, of this condition, not neglecting to warn the practitioner not to mistake the exhaustive brain following protracted bowel troubles of children,

for an entirely new, and more recent affection of the brain, requiring more active treatment; he remarks that "the course, duration and prognosis of this disorder depends upon the determining pathological process" the prognosis being especially bad in the case of children as above mentioned.

The remedies proposed are, *Ammonium carbonicum*, *Camphora*, *Ipecacuanha*—when caused by a rapid loss of fluids as in the case of children; *Secale cornutum* in the case of metrorrhagic females, and *Cuprum*. Mention is also made of *Arsenicum*, *Colchicum*, *Digitalis*, *Tartarus emet.* *Veratrum*, *Zincum* and *Silicea*.

No mention is made of *Cinchona* or of Alcoholic stimuli.

The symptom of vertigo is here introduced, as being sometimes so obstinate and troublesome as to render it worthy of separate consideration. The essential point is to distinguish whether the vertigo is owing to an anæmic or hyperæmic condition of the brain; to determine this essential point the most trifling symptoms are to be observed with the utmost care; a few of the distinctive diagnostic signs are:

"The hyperæmic vertigo is seldom present early in the morning, is made worse by eating a little more than usual, particularly after the use of such stimulants as wine, coffee, etc., it abates by persevering exercise, patients have to sit in a half recumbent position; mental labor and excitement aggravate the vertigo, open air diminishes it; and it is generally accompanied by a slight headache.

Anæmic vertigo, on the contrary, generally makes its appearance in the morning, is caused, or at any rate increased by exercise, particularly in the open air, is improved by the use of food and stimulants and likewise by exciting mental labor, and very soon disappears in a quiet recumbent position; it is very seldom attended with headache, nor need the patient exhibit any pallor of countenance."

The remedies given are those generally useful in anæmia or hyperæmia cerebri; particular attention being given to the condition of the stomach and bowels.

APoplexy.

Cerebral apoplexy consists in an extravasation of blood into or upon the substance of the brain, depending upon either, an alteration in the structure of the blood vessels, as in fatty degeneration: in an alteration in the substance of the brain surrounding the vessels—softening of the brain; in "the inherent weakness of the walls of the vessels that cannot be recognized by any peculiar diagnostic signs, and in consequence of which the vessel is lacerated by the violent impulse of the sanguineous current," and lastly in an alteration in the blood itself, as in purpura.

The author here spends his ammunition to poor advantage in demolishing Hartmann's antiquate pathological division of *apoplexia sanguinea*; *nervosa*, *serosa*, and *gastrica*: as these notions are now only held by those who finished their medical education twenty years since, and consequently can not be reached by his reasoning upon the subject.

The author's pathology and description of apoplexy are sufficiently full and complete containing no novel views, but being amply sufficient for the instruction of the student, or to refresh the mind of the practitioner.

In speaking of the treatment we must bear in mind that "Apoplexy of itself is no disease in the same sense as the idea of disease is generally conceived; it is only the last link, at least in the larger number of cases, of a chain of pathological alterations that are made manifest by the preliminary stage. It is only in a very small number of cases that these preliminary symptoms come within the range of professional observation, for the reason that they generally seem unimportant, often last only for a short time, and still more frequently are of

such a nature that even the physician is unable to recognize them with positive certainty as the precursory symptoms of apoplexy. Most generally the physician is sent for when the apoplectic effusion is in full tide of progress, or has even reached its limits. In the former case we have to determine whether the causes of the attack are still in operation, with a view of meeting them and arresting the continuance of the hemorrhage. In the second case our inquiries have to be confined to what remedies will bring about the absorption of the extravasated blood, in order to free the brain from this pressure. "After discussing and condemning the propriety of blood-letting the author passes on to the indications for the use of remedies premising" that if we repeat some of the remedies that have been mentioned for hyperæmia, it is because in every case of apoplexy it may still be necessary first to act against the hyperæmia that may continue to exist; *it is less important to aim at a resorption of the fluid that has already become effused, than to prevent a further spread of the extravasation.*" (The italics are our own.)

"There is scarcely a case of apoplexy in which *Belladonna* is not suitable and sometimes has a magic effect."

Aconite "does not possess any special power in hyperæmia or apoplexy" but will be found very useful "if a process of exudative inflammation is to be overcome."

Coffee, Opium, Laurocerasus, and Nux vomica are fully dwelt upon, their characteristics being well given; mention being made of *Ipecacuanha, Cocculus, Veratrum (album) & Phosphorus*. Of the remedies to be given in order to accelerate resorption of effusion, *Arnica*, according to the author "occupies the front rank" it being frequently necessary to follow it with *Sulphur, Iodine, and Mercury*, are seldom useful.

In order to remove the remaining paralysis, *Causticum, Zincum, Cuprum* and *Plumbum* are our most useful remedies, the indications for which are fully given, *Causticum*, "occupying the first rank." *Argentum Graphites, Rhus tox., Anacardium*, are merely mentioned as worthy of attention.

Local measures, such as cold to the head are condemned. The very frequently useful application of sinapisms to the extremities is not mentioned, and we are warned against an indiscriminate restriction of diet.

INFLAMMATORY AFFECTIONS OF THE BRAIN.

Under the head of Inflammatory Affections of the Brain and its Membranes, we have Meningitis, which the author says "is seated in the pia mater, but most generally the arachnoid and even the brain becomes involved," in this point differing and we think correctly from most accepted English authorities.

A highly graphic sketch of the symptoms of this disease is followed by the remark, that, the diagnosis of this condition is by no means easy or certain, it being frequently confounded with cerebral anæmia and cerebral typhus: The case of the author's own child being given, in which, many physicians diagnosed Meningitis; the true character of the affection being revealed only when every body who had nursed the child had a more or less violent attack of typhus.

The author however remarks that he considered throughout the case as one of typhus, depending for his diagnosis upon the presence of diarrhœa; we may remark a by no means infallible basis of determination, as we have on several occasions seen undoubted cases of meningitis in children, where the bowels were decidedly loose; the last case indeed which we have been called upon to treat, where the history of the attack and the child's but partial recovery, there remaining paralysis of the left side, proved the case to have been a meningitis, most likely of tubercular origin; the head symptoms, convulsions, coma etc. were developed while the child was laboring under a somewhat severe

diarrhœa, which continued through the first five or six days of treatment; no effort of course being made to check it.

The prognosis is spoken of as always dubious, generally unfavorable, the reports of numerous cases to the contrary notwithstanding, as many of these cures reported as Meningitis, are in reality simple hyperæmia of the brain. This is markedly noticable in Rückerts reported cases.

Belladonna is to be used principally tentatively; as although it is no remedy for Meningitis, nevertheless, the diagnosis of this condition being uncertain, and in its inception the symptoms identical with those of simple hyperæmia for which it is the remedy, *Bell.* has generally been the first remedy given, and proving useless, the diagnosis is to some extent made certain, and more appropriate remedies may follow; of these *Aconite* is the most important, and "is in its place as long as no symptoms of exudation have made their appearance"; *Opium* is useful occasionally as an intercurrent remedy in soporose conditions; *Rhus toxicodendron* is never indicated in simple primary meningitis. *Arnica* is important when the disease is the result of mechanical injuries, and also during the exudative stage, whatever the cause; *Bryonia* is generally useful after *Aconite*, that is, in the stage of incipient exudation; *Helloborus niger* is in place when the exudation stage has fully set in, the reactionary symptoms having entirely subsided. *Sulphur* is useful on theoretical grounds, as assisting the absorption of the effusion. Mention is made of *Hyoscyamus*, *Stramonium*, *Digitalis*, *Iodium*, *Mercurius*, *Tartarus stibiatus*, *Zincum*: the editor quoting from Kafka, remarks that *Iodide of potassium* may with benefit take the place of *Iodium*, and *Sulphate Atropine* be substituted for *Belladonna*.

No mention is made of *Glonoïne* or *Apis mellifica*, medicines of undoubted value in this condition.

Several important points are noticed in regard to the general management of the patient. Cold application are considered as of doubtful value in all cases, and as most certainly hurtful in the stage of exudation, when the vital activity of the organism is low. Abundant draughts of cold water are to be given, the system carefully supported by the use of milk and beef tea. Cold ablutions are grateful and useful during the febrile paroxysm, and during the convalescence the patients are to be kept very quiet, adults isolated.

No mention is made of Cerebro-spinal-meningitis except the mere notice that "in France an epidemic meningitis has been observed, the more immediate cause of which is still enveloped in obscurity. The editor supplies this deficiency as we shall see, further on."

ENCEPHALITIS or Cerebritis is according to the author of rare occurrence, unfavorable prognosis, and uncertain treatment, the editor quoting Kafka recommends *Glonoïne* as useful in the formative stages, and introduces a noteworthy cure of a man of sixty-five, who, two years after suffering paralysis from Apoplexy, presenting side by side with the symptoms of cerebral hyperæmia, those of cerebral softening, with progressive increase of the morbid phenomena; *Glonoïne* 1, speedily dissipated the congestive phenomena. and under *Iodium* 2, the patient continued in a condition of tolerable ease and comfort for five months. The powers of speaking, moving, and feeling increasing; when a mental shock reproducing the hyperæmic condition convulsions of a clonic nature occurred, the sufferer during the convulsion uttering a roaring cry, consciousness unimpaired; For this condition *Belladonna* and *Atropine* were exhibited for some days, without effect; *Arsenicum*, presenting the symptom of clonic convulsions attended with cries, was then given, and in a few hours the cries and spasms ceased, permanently.

TUBERCULAR (GRANULAR) INFLAMMATION OF THE MENINGES-HYDRO-CEPHALUS ACUTUS, is spoken of as one of the most important because the

most frequent of brain diseases. It is rarely a primary affection, being but an expression of constitutional tuberculosis, frequently developed as a sequel to Pertussis, Measles, Scarlatina, or other diseases of children; delicate children, the offspring of tuberculous parents, stunted in their bodily development, and oftentimes endowed with a precocious intellect. "This precocity is very apt to induce parents to stimulate the mental powers prematurely, and thus to hasten the outbreak of this malignant disease." As in simple meningitis, so in this disease, a mechanical injury may be the proximate cause of the outbreak. The symptoms, divided as usual into three stages; premonitory, this characterizing the first stage, that of irritation or hyperæmia; the second, that of effusion; the third, that of paralysis of the vagus; are upon the whole graphically and correctly given, but in one important point we must take exception to them. Claiming, as all will allow, that the early recognition of this disease in its formative stages, is a matter of the utmost importance, as regards the possibility of affording relief, we take it that our author has committed a serious error in not placing causeless vomiting among the phenomena forming the premonitory stages, together with the moodiness, capriciousness, headache and variable appetite, and in classifying it as characteristic of the first stage proper that of hyperæmia; with convulsions, etc., representing it as generally following unsteadiness of gait. For how frequently do we find, that this causeless vomiting of ingesta, with constipation in children, is the very first symptom which attracts the attention of parent and physician, and which, if recognized in its full importance, as indicative of this terrible scourge of childhood, can be combated successfully; whereas, if we wait before viewing this as symptomatic of brain irritation, for the development of more characteristic symptoms, we lose our first, often our only chance of saving our patient, and our reputation, a point of some importance also. We can call to mind many cases where we have, we believe, saved children from this most terrible disease, by the early recognition of this as a most important symptom, full of meaning; and remember particularly well the most instructive case, of a satin skinned, big headed precocious boy of four years, who was brought to us for obstinate vomiting of ingesta of one weeks duration; beside this, there was no other symptom, save a slight increase of habitual costiveness, and distaste for his usual sports. *Glonoine*, relieved this condition promptly. After a lapse of some four or five months he was brought to me again with the same symptoms, which were promptly relieved by the same remedy. Six months subsequently the same symptoms developed and the lad being placed under the care of an old school physician, one of the best of his class too, marked symptoms of undoubted tubercular meningitis soon developed. We should consider then that vomiting constitutes one of the earliest threatenings of this disease.

The diagnosis is spoken of as "ticklish and consequently the prognosis and treatment uncertain, and the more certain the diagnosis the more unfavorable the prognosis and useless the treatment. "The management of this disease is without doubt one of the sorest trials to the feeling physician. If he succeeds in effecting a cure, he is haunted by the thought that he has been mistaken in his diagnosis; if the patient dies, the fatal result simply tends to corroborate his bitter conviction that the disease is in its very nature an incurable malady." We should remember that in selecting our remedy it is of paramount importance not only that the peculiar nature of the exudation and the pathological anatomical alterations should be kept in view, *but that our selections should be made with special reference to such pathological products and changes.**

This is likewise conceded by Hartmann, who does not usually

(*Italics the reviewers.)

favor this mode of selecting a remedy. The indications are fully given for the use of *Bryonia alba*, *Arnica*, *Veratrum album*, *Digitalis purpurea*, *Zincum*, *Iodium*, and *Cuprum*; mention being made of *Mercurius*, *Helleborus*, *Plumbum*, *Pulsatilla*, and others. The editor, renewing Kafka's advice to substitute Iodide of potassium for Iodine and recommending briefly the use of Glonoine and Apis.*

The section upon diseases of the brain closes with a mere notice of Hydrocephalus (stricto sic dictus) sufficiently full for all practical purposes.

The reader can gather from these abstracts, made as fully as is compatible with a paper of this nature, the author's method, as we have aimed by our extracts to illustrate the author's pathology, his method of prescribing, and particularly the important point most to be insisted upon in these days of symptom-hunting and unscientific symptom prescribing, that we are frequently to be guided in a choice of a remedy more by a knowledge of the pathological changes taking place in the system, and our knowledge rather of the sphere of action of a drug than the mere symptoms contained in its pathogenesis; that is, we are to take (and this is the most important point we have in homœopathy to insist upon, if we would have it take its place among the medical sciences) the *pathological condition* as pictured by the subjective and objective symptoms contained in the drug pathogenesis, considering that each symptom is without meaning unless contributing to the formation of some such understandable and recognizable pathological picture. Frequently an isolated symptom may secure a hint from which a keen therapist may infer correctly a wide range of action, even as Owen or Cuvier may, from a single fossil tooth, construct an ideal skeleton; but this inferred range of action must be corroborated by clinical experience, before it can be accepted as a fact in therapeutics.

We shall now proceed very briefly to follow our author through the balance of his work, merely noticing points that may seem novel in pathology or treatment, or such as may seem particularly instructive.

To section B, containing diseases of the spinal marrow, the editor has added a very useful article from Kafka on *Spondylitis*, and an original article on *Cerebro-spinal-meningitis*, containing in all fifteen pages of most valuable matter, supplying a deficiency in the volume.

Dr. Hempel recommends chiefly *Gelsemium* and *Veratrum viride* as likely to prove useful in this disease, mentioning also *Aconite*, *Bryonia*, and *Rhus toxicodendron*.

SPINAL IRRITATION

Is not considered as an independent pathological process, but, as a "symptomatic manifestation of a more general affection," no mention being made of its being frequently purely hysterical. The treatment, or rather advice—for no specific treatment can be given—is transcribed wholesale from Hartmann.

Sub-section C, treating of diseases of the nervous system, opens with an article on Epilepsy, sufficiently full in its pathology and description. In treatment "we must always keep in view three points: the causal indication, the treatment of the special paroxysm, and of the

* Glonoine and Apis in the stages respectively of hyperemia and effusion, deserve perhaps to be considered as our most useful remedies in the hydrocephalus of children. Their use was, we believe, first urged by a competitor for a prize offered by a German College; the prize not having been awarded, the author remains anonymous, but the paper which will be found translated from the Allg. Hom. Zeitung, in the first volume of the United States Medical and Surgical Journal, is the best article on this disease within the range of homœopathic literature, and the usefulness of these remedies we can endorse from a by no means limited experience. Since using them we have obtained a success hitherto undreamed of by us in the treatment of this dreadful malady.

disease generally." Special stress is laid upon the importance of first discovering whether the convulsions are dependent upon affections of particular organs; in which case, the treatment must first be directed to the removal of these causes of irritation. "The treatment of the paroxysms is not within the range of mere medicines." *Cuprum, Plumbum, Calcareo carbonica, Belladonna, Cicuta virosa*, are among the chief remedies for which full indications are given; mention being made of many others. The editor introduces *Bromide of Potassium*, quoting a case of Dr. Cook's, in which it undoubtedly seems to have been useful, although the short space of time which was allowed to elapse between the cessation of the treatment and the report of the case, would hardly allow it to be looked upon as a permanent cure. The use of *Curare* and of *Cauticum* is also mentioned.

Eclampsia infantum and *Eclampsia parturientium* and *Chorea* form the basis for careful and sensible articles, containing however, nothing novel—if we except the novelty of finding so much good common sense free from cant or exaggerated claims—in a work of homœopathic origin. We wish we could stamp into the brains of such men as report cures of nervous and self limited diseases after a treatment lasting for weeks and months, such sensible remarks as the author makes regarding the treatment of these diseases, for which in our many works, we have mentioned so very many remedies; concerning *chorea*, for instance. "Inasmuch as most cases of *chorea* generally get well of themselves. * * * Reports of cures with medicinal agents should be received with a great deal of caution. A great deal of experience is required to determine whether a case of *chorea* has yielded to the medicine employed, or whether the disease has terminated spontaneously."

Catalepsy is mentioned merely that the author may not be accused of a sin of omission.

Tetanus occupies but a brief space, the treatment given being entirely speculative. The homœopathicity of *Nux vomica* is insisted upon; a homœopathicity, which, we regret to say, has failed utterly in practice. We would call the attention of the profession to two cures of this affection by massive doses of *Aconite*, by Wunderlich, translated for the November number of the "Ohio Medical and Surgical Reporter," and also to the marked success obtained in many cases from the use of the calabar ordeal bean.

Paralysis, is always a consequence of other affections, yet as these are not always recognizable, and in order to avoid endless repetition, the author devotes to it a separate chapter.

Sixteen pages are devoted to *Hysteria*, the pathology and treatment, being about as satisfactory as discourses upon subjects about which we know very little or nothing, generally are. The same remarks will apply to the article on *Hypochondriasis*, filling twelve pages.

DISEASES OF THE HEAD.

Section second, treats of diseases of the Head.

A. of the scalp, cephalæmatoma.

B. Diseases of the cephalic nerves, comprising.

1. *Cephalalgia*, one form only, *megrin* being described, all others being viewed as merely symptomatic; considering it as a purely neuralgic affection of the cerebral nerves, the prognosis as in all neuroses is not particularly favorable. Numerous remedies are mentioned, the most prominent being *Sepia*.

2. *Neuralgia trigemini*, this most common of neuralgias, if we except *Ischialgia*, "is one of those affections which is best calculated to substantiate the superiority of the homœopathic method of cure over other modes of treatment. Mention is made of a great number of remedies, the student being referred to the *materia medica* for the indications for their use, as "the peculiar nature of the affection; the mystery in which

its causes * * * are involved; frequently oblige us to select a remedy simply in accordance with symptomatic similarities, a course of treatment that often leads to the best results.

Sub-section C. treats with satisfactory fullness of diseases of the EYE, occupying twenty-two pages. The author in this department claims no great success as, owing to the utter worthlessness of our materia medica in this department, we are compelled in our treatment to depend upon arguments suggested by analogy, and upon the empirical use of drugs: The three forms of conjunctivitis, conjunctivitis catarrhalis, "conjunctivitis blennorrhœica, (purulent ophthalmia), and conjunctivitis scrofulosa are well described, and the treatment judiciously indicated, it being however left to the editor to supply the important advice for the local use of nitrate of silver in the purulent form of the disease.

Sub-sections D. and E. comprise diseases of the EAR AND NOSE. Section third treats of diseases of the mouth, fauces and œsophagus. Under this section, the only article which we will notice is Diphtheria, which the author considers very fully. Evading all the vexing questions regarding its pathology, we have given us the symptoms, presenting a perfect picture of this disease as we have observed it in this country; save that we seldom have seen ordinary cases "running through three weeks," after which the "convalescence is very slow." The prognosis is spoken of as very doubtful, death occurring through prostration or through the extension of the diphtheritic deposit to the larynx or lungs, the latter cases almost always fatal." Our unfortunate author has never heard of the treatment of hundreds of cases with the two hundredth potency by some noted Philadelphia homœopaths, without a single death, or he would never have spoken so discouragingly of the treatment of this disease, so fatal in the hands of some homœopaths, but to those of the true faith and the high potency verily a very trifling disease, not so fatal as ordinary whooping cough.

In his woful ignorance, the author continues, that notwithstanding this uncertainty, and "this incompleteness of our curative resources, the results of homœopathic treatment are far more satisfactory than the results of old school treatment."

The use of local remedies, for the removal of the deposit is condemned. *Belladonna* is useful in the formative stage. *Mercurius* including *Mercurius protoiodatus* is considered as useless. *Kali bichromicum* and *Bromine*, are spoken of as promising very much, but as yet never having produced very striking therapeutic results. *Acidum muriaticum* and *Acidum nitricum*, are more positively recommended.

Baumann's claims of eminent success from the use of *Apis mellifica*, are noticed as being worthy of consideration.

The disrespect with which the treatment as indicated by English authors is spoken of, is quite marked, and all the more ungraceful in that the author has no positive line of treatment to propose as being superior, every remedy, excepting perhaps the acids, mentioned, being recommended in a hesitating way, showing a great lack of confidence in their efficiency.

A sufficient quantity of nourishing food, including wine, must be supplied, and the importance of an abundance of fresh air is insisted upon, somewhat strangely we are advised *not* to confine the patient to his bed.

The editor refers to the success obtained by American practitioners, through the use of *Phytolacca decandra*, and the confidence of many in *Lachesis* and *Permanganate of potash*. No notice is taken of the brilliant benefit resulting from the use of pulverized ether, alcohol or lime water, in the case of laryngeal invasion.

The editor's additions to this section consist of articles from Kafka upon *Ranula*, Scurvy of the gums and Retro-pharyngeal abscess.

The fourth section treats of

DISEASES OF THE STOMACH, INTESTINES AND PERITONEUM.

Under the head of acute catarrh of the stomach, we have described the condition which our patients *will* call "bilious attack;" and under chronic catarrh of the stomach—dyspepsia. Gastritis is not considered the infrequent disease that most English pathologists deem it to be, perforating ulcer of the stomach, occupies seven pages. Cancers of the stomach are treated of fully, a condition which if we cannot cure, we can greatly relieve, frequently being enabled to arrest the progress of the malady. *Arsenic* is our principal remedy. *Nux vomica* and *Lycopodium* are very useful as palliatives, *Veratrum album* will frequently arrest the vomiting, even after *Arsenicum* fails. (The editor recommends *Cuprum aceticum*.) *Plumbum* and *Mezereum* are also mentioned as of questionable usefulness in true cancer. Hæmatemesis is almost always symptomatic of some other disease, though, from its gravity as a symptom, it seems worthy of separate notice. Much care is necessary in order to distinguish it from hæmoptysis. *Ipecacuanha* is spoken of as our best remedy in the greatest number of cases—it must be administered in the lower triturations of the root. Numerous remedies are noticed, the indications for each being carefully considered. The editor introduces *Erigeron canadensis*, and recommends *Aconite* in cases accompanied by vascular excitement. A chapter on cardialgia closes the diseases of the stomach.

We have a somewhat curious nosological arrangement in the subsection B: Diseases of the intestinal canal, where, under the general head of intestinal catarrh, we have, (a,) simple intestinal catarrh, *i. e.*, an acute catarrhal diarrhœa; (b,) *Sporadic Cholera*, defined as a high grade of intestinal catarrh, with a violent catarrhal affection of the stomach. (c,) chronic intestinal catarrh, including chronic diarrhœa, *cholera infantum*, and summer complaint, and (d,) gastric fever. An arrangement, which we feel that we are drawing it very mildly, in calling novel. Aside, however, from the classification, the articles will rank with any in our literature. These are followed by enteritis, or ileo-colitis; typhlitis: articles from Kafka on proctitis, and cellulitis or peri-proctitis; dysentery, the great remedy for which is *Mercurius corrosivus*; colic: flatulent, rheumatic, neuralgic, and saturnine; obstruction of the bowels, a very good article; hæmorrhoids; worm affections, in which the author sensibly considers that Hahnemann's views can not be advocated in the present state of helminthology.

The best remedy for the oxyuris vermicularis is an infusion of garlic, injected into the rectum. Lumbrici are best removed by the use of Santonine from two to four grains (a sufficiently full dose), being given at night. "The period between full and new moon is generally looked upon as the best time for the administration of the drug." (!) For the expulsion of the tape worm pomegranate rind, male fern and kamela are recommended. The simpler more innocuous, cheaper and quite as efficacious use of pumpkin seed is not noticed.

A most excellent article on Peritonitis closes this section.

Section fifth, treats of diseases of the liver, spleen and pancreas. We are glad to notice that the author lays some stress upon the use of Digitalis, in acute and sub-acute hepatic disorders; it is undoubtedly one of our most valuable remedies in this class of cases but is strangely overlooked in most of our works. Marcy and Hunt do not mention it.

Under Section Sixth, diseases of the uropoëtic system, we have nephritis, morbus brightii, divided simply into acute and chronic, and including desquamative nephritis; probably for therapeutic purposes a sufficiently discriminative classification; hæmorrhage in the kidneys, renal calculi, diabetes mellitus "merely included as a kidney disease for convenience, as it is strictly a constitutional disorder," the treatment

being considered almost hopeless. Cystitis, a dangerous disorder of uncertain prognosis; hæmaturia, enuresis nocturna; cysto-spasmus, and cystoplegia close the section and first volume.

THE SECOND VOLUME opens with diseases of the male sexual organs, three conditions being treated of: gonorrhœa, orchitis, and spermatorrhœa.

The author denies the existence of any constitutional affection in gonorrhœa, including in this denial, we presume, the somewhat doubtful existence of gonorrhœal rheumatism.

No great success is claimed for homœopathic treatment, its chief recommendation appearing to be that it does no harm, and ultimately will cure the disease, leaving no troublesome sequelæ. Although viewing gonorrhœa as a strictly local affection, the author discountenances the use of injections, except of the milder astringents in the second stage. *Mercurius solubilis* is the chief remedy recommended.

Spermatorrhœa, including nocturnal emissions, is treated very summarily, a host of remedies being mentioned, for the proper use of which the student is referred to the materia medica.

The chapter upon diseases of the female sexual organs, occupying eighty-six pages, is perhaps the most unsatisfactory both as regards the pathology and therapeutics of any in the book. The editor's additions, however, which constitute the most valuable part of it, make it, faulty as it is, the best we have, not even excepting a late Philadelphia publication. The article on vaginitis, includes leucorrhœa, which is essentially a catarrh of the mucous membrane of the sexual system, the remedies for which are principally one or other of the anti-psorics.

The best treatment given for metritis, is the use of *Nux* and *Belladonna*, *Mercurius* and *Sabina*, the author very strangely denying the usefulness of *Aconite*.

The article upon metritis puerperalis, is the best in the section. Caused by atmospheric conditions, by direct infection, or through epidemic influences, this disease partakes largely of the nature of typhus. The symptoms are clearly and forcibly given, and the treatment, so far as the administration of medicines is concerned, is eminently sensible. *Aconite* at the inception, and *Belladonna* when typhous symptoms develop, are insisted upon. *Nux vomica*, in the simpler forms of local metritis; *Colocynth* if the peritoneum is principally concerned, the condition being purely sthenic; also *Mercurius* and *Veratrum*, *Bryonia*, *Rhus toxicodendron* and *Arsenic* in the typhoid forms.

The indications for *Secale cornutum* are so correct and philosophical, that we deem them worthy of transference. "No remedy in our whole materia medica shows such a powerful tendency to decomposition of the blood as this drug; nor is any drug possessed of a more intimate and more characteristic relation to the uterus. Hence it is the true puerperal fever, the putrescence of the uterus, which invites the exhibition of the drug;" and then follows a picture of the real typhus puerperalis, as the condition in which this drug is most likely to be useful; a recommendation which we can endorse from a personal experience in its use in a late epidemic of puerperal typhus, where, given in large doses, it seemed to be the only remedy at all useful; no case having proved fatal after its administration. With it were used, fomentations of *Aconite* root, anti-septic injections into the uterus, and free stimulations.*

*As fine an example of unconscious homœopathy as we know of, is the use of Ergot by old school physicians in cases of puerperal fever; given for reasons founded upon a theory, *i. e.*, that the fever is caused by putrid absorption through the patulous vessels of a flaccid uterus, it, with the use of stimulants, has got to be their sheet anchor in the treatment of this heretofore dreadful disease, a treatment which is very successful; and that its success is owing *not* to any mere mechanical effect upon the uterus, but to its true homœopathicity to the disease, any one can satisfy themselves by referring to any work on therapeutics. Wood, for instance, speaks of it as causing symptoms closely analogous to typhus, and the post-mortem conditions as given in Jahr's new manual are precisely those we find in cases of malignant typhus.

After a brief mention of ovaritis, we have an article on menstrual anomalies, only valuable owing to the editor's introduction of our indigenous remedies, the indications for which are fully given. Metrorrhagia forms a separate chapter, treating of all non-menstrual uterine hæmorrhages, including the accidental hæmorrhages of pregnancy and post-partum hæmorrhage.

Among other things, we feel compelled to unqualifiedly condemn the manner in which the author speaks of the "abortive habit." This phrase may have been allowable forty years since; but now when we know that a uniform rejection by the uterus of the fœtus, at a certain stage of development, pregnancy after pregnancy is due to a displacement of the organ, or a localized endo-metritis, which will not allow the organ to be distended beyond a certain point, without exciting its irritability and consequent expulsive efforts; and *not* upon an unimaginable *habit* acquired by a muscular organ, we *must* protest; and all the more strongly as upon our theory of causes, must depend our treatment; and the sooner we acknowledge that the administration of the "appropriate" remedy cannot compete with the proper mechanical rectification of the misplaced or local treatment of the diseased womb, the better it will be for our reputation as scientific physicians.

A woman who habitually aborts, is to be treated during the interval of her pregnancies locally, after which the use of such remedies as are indicated by the author, may give us a success superior to that of our old school brethren. But, confining ourselves merely to medication, they will remain our masters in this department.

Cancer of the uterus is considered as amenable to treatment if not too far advanced, and the troubles peculiar to the menopausal period are mentioned.

Dr. Hempel gives from Kafka a chapter on neuralgia of the uterus, vaginodysnia, which he distinguishes from vaginismus proper. Mastitis, mastodynia (from Kafka), and cancer of the breast each are treated of briefly.

It is a pleasant relief to turn from this section to that which follows—upon diseases of the respiratory organs—the best, as it is the largest in the work. In it the author seems to have chosen his battle ground, wherein he strives, and very effectually and successfully, to show the great superiority of homœopathic, over other modes of treatment. We know of no better articles to put into the hands of our old school opponents, than these following, especially those upon croup and pneumonia.

We are sorry that the limits of our paper will compel us to make but brief mention of matter which we feel we could dwell upon to much greater length with profit and pleasure.

After treating of the result of an ordinary cold, under the head of *Laryngo-tracheitis catarrhalis acuta*, the author gives us a markedly excellent article upon true croup, the causes, symptoms, pathology and treatment of which he gives with the hand of a master. It is his first really polemic article, and from this acutely chosen vantage ground, he inveighs heavily against the stupid treatment of the old school practitioners. Emetics, phlebotomy, caustics, counter irritants, all the barbarous means which have assisted in the slaughter of so many innocents, are dwelt upon, and shown in horrible contrast with our simple and gentle means of cure; as much more efficacious as gentle, for whereas their deaths amount to from seventy to ninety per cent. of the cases, we can claim, without for a moment believing those wonderful men who have gone through a life-long practice without having lost a case, that we cure a *majority* of the cases of true croup treated by us. Singularly, among the remedies the *Bichromate of Potash* is not mentioned by the author, and is merely noticed by the editor as being useful in diphtheritic croup, classing it with highly potentized Lachesis.

Chronic laryngeal catarrh and acute œdema of the glottis, each, form

subjects for truly excellent chapters. Under the head of spasmus glottidis we have given a brief article upon laryngismus stridulus. From Kafka we have transferred ulcers of the larynx, no mention being made of the use of the laryngoscope, in diagnosis, nor of the very valuable means of cure by the use of medicated sprays.

The chapter upon diseases of the lungs opens with some general remarks, which we wish we could quote entire. We shall content ourselves with giving the author's advice concerning the methods of physical diagnosis. "We cannot expect that our older colleagues, who fancy themselves rulers in medical Israel, should acquire a thorough knowledge of all modern means of diagnosis; the thing is much too arduous an undertaking; but no young homœopath should shun the trouble of availing himself both in his practice and in his reports of cases, of the most refined minutiae of an objective diagnosis. It is only by this means that we can convince our opponents with irrefutable arguments of the advantages of our system of Therapeutics. They brag of the exactness of their diagnosis, and yet they have not derived from it as yet the least advantage for their own method of treatment. Here we have a point of attack, provided we prepare ourselves for the combat with arms that even the most redoubtable hero in diagnosis would stand in fear of."

We have said that the section on diseases of the lungs was largely polemical, and here we have it; the author insisting upon the importance of physical diagnosis, in order to remove the remaining objection, an objection we remark too often well-founded, of our old school opponents to our statistical reports. They meet our reports with the objection that, the cases given have included with them merely trivial complaints, which we, through ignorance; or from bad motive, have called by the name of the more serious disease. Says Bæhr, cultivate physical diagnosis, that with your cases you may give their objective symptoms, that thus this last objection of our opponents may be removed, and with it the reproach of ignorance or wilful misrepresentation which they seek to fasten upon us. We can only say in this, that we regret that the author has not referred to the use of the thermometer, one of our most certain evidences of a seriously diseased condition, and the more to be insisted upon, in that the most ignorant, and most unskilful in auscultation and percussion, may, from this evidence alone, prove the serious nature of their case, and consequently, the real usefulness of their remedies. If after the usual premonitory symptoms, we have upon the second or third day, together with more or less oppression, cough or rusty sputa, the thermometer in the axilla giving a temperature of 104° F., we have a case of pneumonia, and a serious case, the defervescence of which will not normally take place until the sixth day, and the symptoms of engorgement or solidification of the lungs not being removed for some time after: any remedy which will hasten this defervescence, or relieve this engorgement, will most certainly be a *curative* agent. We regret the author has not insisted upon thermometry, as it, is undoubtedly taken correlatively with, the subjective symptoms and of the pulse, of more importance in the diagnosis of pneumonia than the so called physical signs. But to return to our subject. Besides this polemic usefulness of diagnostic skilfulness the author insists that auscultation is very useful to the practitioner in interpreting otherwise inexplicable symptoms, and indirectly, as through a knowledge of the pathological condition which is the cause of the physical symptom we may be led to the use of the appropriate remedy.

We cannot attempt to give even the briefest resumé of the articles upon diseases of the lungs, and we shrink from offering any criticism upon what is so generally excellent, comprising all the diseases of these organs which we are called upon to treat; but containing no marked peculiarities of treatment, we must pass them without further remark.

We tremble for our author however when Mr. Wilson of England comes to read his article upon Pneumonia, because in it has he not

ignorantly referred to the use of *Lycopodium* without once mentioning the only reliable indication for its use, the fan-like motion of the nostrils? How could he! Or is this another mistake of the translator? we would recommend this subject to Mr. W's distinguished consideration, let the offender be pointed out, and let there be other papers as valuable and as weighty as Mr. W's upon the imperfections of the translation of *Jahr* be written upon the subject, for, is not the mighty system of "key notes" insidiously attacked by this omission, and should not those who dare show disrespect to this great therapeutic discovery of the age be brought to condign punishment?

The section upon diseases of the heart is very full and excellent. In cardiac inflammations, "although our successes are decidedly greater than those of the old school," still they are nothing to brag about. We do not possess a large number of reliable indications for the use of many drugs, because our *Materia Medica* does not contain any but subjective symptoms of heart affections.

A large number of remedies are noticed however, to which the editor has added *Cactus grandiflorus*. Hypertrophy and fatty degeneration of the heart are treated of, and valvular diseases are considered at some length. Palpitation of the heart is considered as symptomatic of disorders of other organs and being a nervous excitement of the heart's action, in the treatment of which we must be careful to distinguish the exciting cause.

Almost all that is known is given in the article upon *Angina pectoris*, for we know very little; *Digitalis* and *Arsenic* are the most prominent remedies recommended.

In quick succession we have diseases of the Bones, Muscles and Articulations. Diseases of the Arteries, Veins, Lymphatics and Lymphatic glands. All of which require no special mention being compact and trustworthy but containing nothing novel. Diseases of the nerves comprise simply *Ischialgia* and *Intercostal neuralgia* with their time honored treatment. Diseases of the skin which are fully treated of. No classification is attempted and we are at the outset met with the wholesome warning, "that it is impossible to treat cutaneous diseases with certainty if we take the *Materia Medica* for our guide." Clinical experience is also considered as not very much more reliable, as the attention of dermatologists has been more occupied in building up a scientific nosological system, than in endeavoring to remove the diseases under observation.

The article upon *Itch* is the only one that we shall consider, it being recommended by a very plain refutation of some absurd notions held by our school, the acceptance of which has some how or other been deemed necessary to the being of a pure "homœopathician." Very briefly then, scabies is by no means a constitutional disease amenable to internal treatment; but merely an affection of the skin depending upon the irritation of a specific parasite; and is best cured by the use of Sulphur ointment or something of that kind.

Verily our school is progressing, when our very best work boldly casts off all allegiance to the psoric theory, that millstone and stumbling block which has so long been a cause of offence.

We wish we had space to give our readers some sufficient idea of our author's method in the eleventh and last section, in which he treats of constitutional diseases, but our space has already been transcended. The articles are however so uniformly and thoroughly good, that we can well afford, without the appearance of endeavoring to detract from their excellence, to point out one or two cases of what appears to us like imperfection. In the article upon *Typhus* for instance, the author considers it, as one form of fever, with varieties of cerebral, abdominal etc. The distinction between *Typhoid fever*, and true *Typhus* is now well defined, the differences extending through their causes, symptoms,

duration, pathological anatomy; differences so marked as to make them as distinct as scarlet fever and measles, and this distinction is now almost universally accepted not only in France, where the existence of a *Typhoid* fever was first insisted upon it in 1829 by Louis, and in America where in 1829 our own Gerhard was the first to draw the lines of distinction between the diseases, but in England where the best authorities accept the fact, and even in the author's own country, a country proverbially slow to adopt the ideas originating in foreign lands, the existence of two fevers, the Typhus and the Typhoid,—is now recognized; Niemeyer the latest and the best German authority we have, draws the distinction clearly, and we feel that our author, who in many parts of his work has followed him, would have done well to have also followed him to this. As a matter of practical importance, as regards the indication for remedies, however, it is but of minor moment. The author's remedies are well advised, and Dr. Hempel has done well in giving the use of the *Baptisia* which has proved of the greatest use in many cases in the first stages of typhoid.

And again, in the very important matter of vaccination, we must take issue with our author. There are indeed few who will join with him in entirely denying the protective influence of vaccination, as also in believing in a spontaneous origin, occasionally, of small pox, or of scarlet fever. In fact we must consider the author's views on these points decidedly eccentric, and opposed to many well known facts. It may repay us at some future time, in a separate article, to criticize fully these opinions, as it is of some importance that they should not be looked upon as facts accepted by the homœopathic profession.

The article upon Asiatic Cholera, is very complete, the editor insisting upon the importance of large doses of *Aconite* in the algid stage, a recommendation promising important results.

Syphilis, Tuberculosis, Scrofulosis, Rheumatism, Intermittent fever, each form the subject of articles which afford ample subject for commendatory notice, but which we must pass by with this bare mention. The editor's additions to this section are numerous and add much to the value of the work, articles from his pen and Kafka are given upon Yellow Fever, Scorbutus, Hyperæmia (Plethora), Anæmia, Marasmus, Polysarcia, Uræmia, Pyæmia, Septicæmia, Gastromalacia and Bronchocele.

We have thus very briefly, and superficially followed our author through his work, and as we put the book down, we can not but thank the author, the translator, and the publisher for having given us a thoroughly good book. The best, so far of its kind we have, doubly thankful that, now, when enquired of by some practitioner of the old school as to the best work to consult, wherefrom to obtain an idea of *what* homœopathy is, we will no longer blushing have to confess, that we have no work on practice that we can recommend, or recommending one such as we have, are compelled to file such a bill of exceptions as to render the work useless.

We feel that we can recommend the work to Student, Physician and Inquirer, as being a fair, honest exposition of homœopathic practice; the few criticisms we have felt called upon to make serving only to bring into bolder relief the very many excellencies of the work. We hope however that in the second edition, which will doubtless soon be called for, the editor will feel at liberty to use his own judgement in correcting some of the author's eccentricities, and in adapting the work generally to the American profession, not only by correcting these eccentricities, mayhap of genius, but by omitting many pages uselessly employed in combatting the views of Hartmann; and finally in supplying the greatest deficiency of the work, the entire lack of mention of Clinical Thermometry. It is not necessary now to argue concerning the usefulness of the thermometer in the practice of medicine, its place is fixed, it being the best means, the most reliable and unerring, taken together

with the correlative subjective symptoms, towards the formation of a positive diagnosis. We are enabled by its use not only thus to recognize disease, but to be much more confident in our prognosis; indeed the usefulness of Clinical Thermometry is now so fully and generally acceded to, that no work can be considered complete that does not make full mention of its use, nor any physician thoroughly armed for his work who does not habitually employ it.

As a translator Dr. Hempel has done his work in his usual style, which has placed him beyond criticism. As an editor we have to thank him for much that has truly enriched the volume, in the introduction of late remedies not mentioned by the author, and by the introduction of many articles, from Kafka, and from his own pen, serving to add to the completeness of the work.

We feel that a jubilee might with propriety be proclaimed in honor of the lapse of the age of whitey-brown literature. The style in which homœopathic works have been given to the profession heretofore has been simply disgraceful. Mr Boericke has inaugurated a new era of which the present is a fair sample; good paper, clear print, singularly few typographical errors and a style of binding substantial and even approaching elegance, each go to form a volume calculated to please the eye of the student, and do credit to the taste and liberality of the publisher.

THE CAUSE OF TUBERCULOSIS.

A REVIEW OF DR. ROLLIN R. GREGG'S HYPOTHESIS.

BY E. G. COOK, M. D., BUFFALO, N. Y.*

This new hypothesis of Tuberculosis arising from loss of albumen, was first given, I believe, to the public in pamphlet form. Afterwards read before this society. In 1866 it was published in the "Homœopathic Medical Transactions" of this state. Then brought out in the French language. Last spring a long review was published in the *N. Y. Tribune*. And now this matter, which we are informed has been stereotyped for publication, is re-hashed to the public in the "*Homœopathic Quarterly*."

One thing must be obvious to all, namely: that thus far not one word of comment in opposition has been allowed in the above journal. In fact, this was precluded in advance, as the public were given to understand that he did not wish any foreign aid in his undertaking. Thus it will be seen this dogmatical and speculative quarterly is a personal affair, and to our view, purely a private, self-laudatory and advertising medium.

In proceeding to examine his hypothesis we will first present the "proposition" upon which, he informs us, this whole fabric of his invention is "based."

"Nature, when undisturbed in her purposes, is ever perfect in all she does. Of the constituents of the blood, of which there are seven, in the general classification that is made of these, she

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"Published in pamphlet form by request of the Society, and on motion ordered distributed to certain of the Homœopathic Journals, with the request for them to publish it."

has so nicely adjusted the proportions of each to that of all the others, that the health she seeks to bestow must result from its action. A loss, then, of a portion of any one of these constituents from the blood, leaves all the remaining ones in a relative excess in the blood-vessels, and hence the results which nature seeks are defeated; these excesses becoming sources of physical derangement from the moment the healthy proportions of the blood are destroyed. Upon this proposition the investigations which follow are based."

That falling of the apple which led our homœopathic Newton in framing his Tuberculoid Organon was "one symptom" of "a case of tuberculosis, in the incipient stage," and wherein the patient would occasionally expectorate "a transparent gelatinous mass." From 1854 to 1861, the doctor tells us he was engaged in a great study to settle what this was that was thrown off, "more or less from the mucous tissues in certain cases;" and in the latter year he comes to the sage conclusion "this was nothing more or less than albumen." We, too, had albumen on the brain about this time, 1856, but no tubercle; and in that year we satisfied ourselves upon this same question. Now, permit us to ask, why the necessity for this vast study and herculean labor to establish *this fact*? Given a small amount of this substance from any of these diseased mucous surfaces, and in one day any person could satisfy himself perfectly of the facts in the case. Besides, was there any controversy upon this point? Were we not told, in fact, by almost every physiologist of modern repute, that this was albumen? And really, has not the doctor gone to these very authorities to settle this whole thing? By-the-way, one thing seems strange, and has greatly puzzled me all the way thus far, in this quarterly. The doctor makes a great discovery and then comes forward with quotations from this and that physiologist, or pathologist, to substantiate just what he has discovered. For instance, he finds that albumen is the substance lost from the diseased mucous surfaces, and then quotes Virchow, Lehmann and others, to confirm it. He next discovers how tubercle is formed, as a consequence of this loss, and then attempts to substantiate it by long and irrelevant citations from this and that author. He discovers the "Law of Metastases" and concludes by admitting a very remarkable fact, namely: that the exceptions are as numerous, or nearly so, as the rule. Finally, he discerns a "wonderful confirmation of these discoveries," that hardly anybody else can possibly see, "in the composition of the deco'orized blood-corpuscle, which is the base of the tubercle," and then shows from Virchow exactly this fact fully confirmed. Now, permit us in our ignorance to ask, how is this? Did the doctor first see these things in these works, or did these authors first see the doctor's discoveries and forestall him by publishing them? But we must not be too querulous! We shall see more of these discoveries as we proceed, and also what foundation there is for them. We

will, therefore, proceed to the preliminary consideration of the main question.

The doctor assumes here that "Nature has prepared healthy blood in *just such* proportions of its several constituents as are required for use in the normal conditions of the system." We do not care to controvert this proposition in extenso; (neither have we the time here to enter minutely into a critical analysis of this question,) but will ask what are the facts in the case? Take one hundred healthy men and women, and while it is true that there would be found something of a general agreement in the blood of all, still a very wide difference would also be seen, and this too, in health and in the same individual at different times. If our soldiers at Andersonville, and other rebel prisons, had been examined to ascertain the relative proportions of corpuscles to the fibrin and albumen, it would be found to be true of all of them that the corpuscles were reduced from 127 or 140 of solid residue in one thousand parts of blood to 100, 75, or 50 even, while the albumen might remain the same. This fact shows that "Nature" tolerates, and can bear with impunity, a very great difference without any serious detriment to our physical constitution. Dennis has shown this fully in his analyses of the blood of twenty-four healthy persons, ranging from four to eighty years of age. The maximum of corpuscles in one thousand parts of blood was found in a *healthy man*, twenty-three years of age, and stood thus:

Water,	733.
Fibrin,	2.3
Corpuscles,	182.
Albumen,	55.

The minimum of corpuscles was found in a *healthy man* of fifty-three and stood:

Water,	790.
Fibrin,	2.6
Corpuscles,	100.
Albumen,	63.

A difference, it will be observed, of 82 per cent in corpuscles, and 23 per cent in albumen. Surely the first of these cases ought to have been, like Job of old, covered with carbuncles, for certainly the water and the corpuscles, relatively to the albumen, were greatly in excess; just the condition, as claimed by the doctor that gives rise to tubercles. The truth is, there are people who walk this earth in health from the cradle to the grave, whose blood, compared with this analysis of healthy, will show a qualitative difference ranging from 10 to 350 per cent. The water of the blood is the least changeable of any of its constituents relatively, yet it may vary *in health* over 10 per cent.; fibrin, over 200 per cent.; albumen, over 50 per cent.; the corpuscles, over 80 per cent.; fat, over 300 per cent.; and the salts and extractive matters over 50 per cent.

"Just such proportions." Indeed? No, no; there is no such pent-up and contracted range for Nature as that given by the doctor.

Why did the doctor start with this *seemingly* fair proposition, which we have now shown to be so utterly fallacious? To our mind, the answer is at hand. He wished to pave the way for what was to follow, giving the ignorant public to understand that he had the best of reasons for his hypothesis. I have used the word ignorant public designedly. I refer, of course, to this theme alone in this connection. I do not believe one physician, even in a hundred, without specially reviewing the subject, is prepared to give an intelligent opinion upon this question, much less the non-professional public. And this is one of the reasons why the doctor is enabled to present so many testimonials, from otherwise well-informed and most worthy practitioners of our school, in support of his position, or at least giving him encouragement in his undertaking. *They have taken it for granted, as is too often the case, that he has gone over the field and is talking of that which he knows.*

Thus much as to this proposition, the consideration of which we will close with a quotation from "Simon's Chemistry of Man." Page 161 he says: "It is almost unnecessary to observe that the blood of one and the same individual may vary in its constitution at different times and under different circumstances. Amongst the most obvious causes we may mention the proper supply, or the absence of sufficient nutrition."

We come now to the foundation theory, and here we ask, is this, the main hypothesis of Dr. Gregg tenable? The theory set up is this: that through the mucous membrane there is the loss of albumen more or less in consumption, and this loss is just so much taken from the blood, one of its essential constituents; and hence the water of the blood and the corpuscles are left in excess relatively to the albumen, and as a resultant we have tubercles, consumption and death; unless, as we will add, and as the reader, it seems to us, must infer from this quarterly, the victim flies to the doctor to be cured with his 1^m. attenuations, which, particularly the 40^m. is, at this present time, just the point to go to insure speedy and perfect success in all of these otherwise incurable consumptives.

But we must allow the doctor to state his own case, which serves our purpose better, as we desire the main point of the dispute clearly and fairly presented.

On page 5, of the first number of this quarterly, he says:

"Through discoveries which we think we have made in Pathology, we claim to have definitely settled the fact, that tuberculous, in any, and all parts of the system, is caused by a loss of albumen from the blood, through the mucous-membranes, in consequence of chronic irritations and abrasions of the free surface of this lining of all the internal organs which possess it; and that all tuberculous-corpuscles, so-called, are nothing more nor less than the relative excess of red blood-corpuscles which is left in the blood-

vessels by such loss, these being decolorized by the diluted or more watery serum, which always results to all persons when they lose albumen from the blood through any diseased action."

This gives his theory fully.

But again, on pages 15 and 16 of his synopsis, we read :

"The fact once established in my mind, then, that the transparent gelatinous secretion, spoken of in my pamphlet, and to which reference is here made, was albuminous in character, and that all the albumen lost through the mucous-membranes, in the ways above described, diminished the amount of this constituent of the blood, by so much, marked the commencement of a second series of discoveries that I have made, which is far more important than the first, and opened a field for pathological research that bids fair to be at least equal, if not greatly superior, to any other that has ever hitherto engaged the attention of the profession. It was clear to me that that proportion among the constituents of the blood, which Nature has caused to be produced, and hence, necessarily required in order to make a nutritious fluid, *was destroyed by such loss* and that the remaining constituents, namely: water, blood-corpuscles, hæmatin, fibrin, fatty matters, salts and extractive matters, *would each be left relatively in excess in the circulation in the ratio they must bear to each other, and to albumen in perfect blood.*"

"According to this table,* then, if one ounce of albumen is lost from the blood we have above 13 ounces of the other constituents, collectively, left in a relative excess in the circulation; or, in other words, there would be wrought, in this way, a complete destruction of over 14 ounces of blood—including the ounce of albumen—for any and all purposes of normal nutrition; and yet this is a view of this subject, which appears never before to have been taken. To go into details we find the following: the loss of one ounce of albumen would leave a relative excess in the circulation of nearly six ounces of the water of the serum, over seven ounces of blood-corpuscles, 15 grains of fibrin, nearly nine grains of fatty matters, over 41 grains of salts, and above 37 grains of extractive matters."

Now what does the doctor do here? Let us see. He *assumes* that for every ounce of albumen lost, "This would leave a relative excess in the circulation of nearly six ounces of the water of the serum, over seven ounces of blood-corpuscles, 15 grains of fibrin, nearly nine grains of fatty matters, over 41 grains of salts, and above 37 grains of extractive matters." All very fine and conclusive in support of his dogma, as he would have us infer, *if this were true*. Now, does the doctor not know this is assumption purely? If he does not, he stands self-convicted of "lamentable ignorance." Or if he does, a worse fraud upon the credulity of the public, to sustain his theory. But did the doctor not know that while this loss of albumen was going on there were *other changes taking place* relatively of the other constituents of the blood also? Was this fair, or just then, in order to prop up his foundationless hypothesis, to thus represent these several constituents of the blood? We shall see. We cannot stop to discuss the nonsense of "drawing blood from the healthy subject and pouring the same into pure water," and likening the effects produced to the action going on in the healthy or diseased living veins and arteries. We will merely ask, "If the corpuscles are so difficult of being acted upon *out* of the body, and have

*The analysis of healthy blood. E. G. C.

their coloring matter washed out of them and swell and burst," how much more so is this true of them *in* their native element? For future reference and convenience we will here give the standard in 1,000 parts of healthy blood, fixing the corpuscles freed from water as so much solid residue.

Water,	790.
Solid residue,	210. — 1000.
Fibrin,	2.6
Corpuscles,	127.
Albumen,	70.
Fat, extractive matters and salts,	10.4— 210.

With but slight variations, this is the same as given by Dr. Gregg. The albumen is the same, and the corpuscles with their 385 parts of water added, will make the same. Andral, Lecanu, Gavarret, Rodier, Dennis, Simon, and many others, give us nearly the same analysis. Some of them make the corpuscles and albumen higher, others again lower. But this seems to be very near the acknowledged standard. Now, these same men, or most of them, have given us also repeated analyses of the blood of consumptives and those with the "other kindred maladies." And it is to these analyses we wish particularly to call attention; for upon these, turns the whole question. Simon made three analyses of the blood of phthysical persons, with the following result:

	1st.	2nd.	3rd.
Water.....	807.	825.	750.
Solid residue...	193.	175.	250.
Fibrin.....	4.6	6.	a trace
Albumen.....	98.	90.	130.
Corpuscles	74.	64.	95.

Andral and Gavarret have analyzed the blood in twenty-one cases of this disease. Simon remarks of these analyses: "In only two instances did the amount of corpuscles approximate to the normal standard, as fixed by Lecanu. The amount was frequently *below* 100, and the decrease of corpuscles was almost always found to be accompanied with a corresponding increase of fibrin," and I will add, an increase of albumen also. We will now see what the mean of these twenty-one cases is: "Water 810, or very nearly solid residue 190, fibrin 4, corpuscles 100, albumen 85." Becquerel and Rodier examined the blood of nine persons affected with pulmonary phthisis. The following mean composition of the blood of the men was found:

Water,	795.
Solid residue,	205.
Fibrin,	4.
Albumen,	66.
Corpuscles,	125.

The mean composition of the blood of women stood thus :

Water,	796.
Solid residue,	204.
Fibrin,	4.
Albumen,	70.
Corpuscles,	119.

Here, now, in the light of Dr. Gregg's claims, let us stop and review these remarkable figures. Simon's three analyses make the albumen *up* to 98 in the first, 90 in the second and 130 in the third ; while the corpuscles are *down* to 74 in the first, 64 in the second and 95 in the third. The average of *excess* in albumen is 36, while corpuscles, as compared with the normal standard, are *deficient* on average of 51. The twenty-one cases of Andral and Gaverret, give an excess of 15 in albumen, and a deficiency of 27 in corpuscles. The nine cases of Rodier and Becquerel approach more nearly to the normal standard, so far as the albumen and corpuscles are concerned. Now these and other analyses fix some very stubborn and insurmountable facts in the way of Dr. Gregg's theory. For, it will be remembered, he makes his carefully-worked-out and figured-up plan hinge upon the assumption, "that the corpuscles are increased relatively, while the albumen is diminished in tuberculosis." The facts of science, as we see, settle exactly the reverse of this, namely: that the corpuscles are almost universally found diminished, while the albumen is almost as universally found increased. What now becomes of this new theory in view of such facts? Evidently it must pass with the hundreds of other baseless medical theories, as a vision of the night.

Now, is it not apparent to the dullest comprehension that back of all this lies the *true cause* of tuberculosis? Can there be a question, but that before the food is fully converted into blood, indeed in the blood-making and assimilating organs, and still further back, in an hereditary tendency begin the abnormal changes that finally produce tubercles. It is a well-ascertained fact, moreover, that blood-corpuscles do not depend upon the veins and arteries for their existence, but upon the quantity and quality of the food taken, and the health and strength of the digestive and assimilating functions ; while age, sex and temperament, also influence more or less the whole composition of this fluid. Is it not clear now, that what is here assumed as the *cause* of tuberculosis, is really only a product of the disease? And may not the loss of albumen be merely an effort of nature to free herself of, not a superfluous amount of corpuscles, but of albumen itself? To all careful observers of consumption it is well-known there are many cases of tuberculosis where there is only the slightest loss of albumen ; while in others the greatest loss of this constituent of the blood apparently affords relief. All medical men know, as they have seen, that if a cough changes from a dry to a loose one, unattended with the loss of

much pus, though accompanied with the loss of very great quantities of albumen, the case is hopeful. Cases illustrating this are in point. In 1856 we were called to see a Mrs. H., aged about 50, who had suffered from a *dry* cough for some years. At the time I saw her, the cough had been almost continuous for a year, *but unattended with the least* expectoration. This was her condition to the close. The *post mortem* revealed the most wonderful case of tuberculosis of the lungs I ever saw. Both lungs were completely filled with almost innumerable tubercles from the size of a pea down to a millet seed. On the other hand I had in May, of this present year, a case under treatment that for nearly twenty years had expectorated a daily average of half a pound of albumen, *yet without tubercle in that whole period*. Another, and indeed a remarkable case, if the doctor's theory is of the least value, under treatment at this present time, with carbuncle; which is all the same thing, as we learn in this quarterly. The tuberculous swelling extends from the center of the forehead, in a direct line over the top of the head down to the lowest point of the hair on the neck, a distance of fourteen inches; and from the top of the head down to, and rather below, the lowest point of the ear, a distance of seven inches. Now, I made particular inquiry to find if this man had lost albumen in any way. Had he had cough? "No." Catarrh? "No." Diarrhœa or kidney trouble? "No; remarkably free of all such all his life." Then, I thought, what right has this enormous carbuncle here without the patient has lost vast quantities of albumen, as only could it come in this way, by Dr. Gregg's theory. Thus, now it must be admitted, if these are the established facts in tuberculosis, there can not be the least foundation for the doctor's theory; and all his efforts showing the relative loss or gain of the albumen and corpuscles in this disease, is just so much drawn from the imagination. For what tenable position can we have, when, instead of the facts of chemistry and of pathology sustaining his hypothesis they go to show something entirely different?

To those who have read the Doctor's lengthy articles upon this subject, thus far, one thing cannot fail to have impressed itself upon their attention, namely: that as yet he has adduced not one particle of evidence in support of his claim, not a solitary analysis of the blood of a phthisical person has he brought forward showing that the corpuscles and the water are increased relatively to the albumen, as assumed. All his reasoning has proceeded upon the admitted fact of the loss of albumen, and then the assumed fact that the amount lost does leave just the relations of the several constituents of the blood as claimed. This is a grave error, as all can now see. "Evidence of all this is here given," says the Doctor. We ask: evidence of what? and the response comes, "Why, that albumen is lost more or less in consumption." Admitted as a general thing; what then?

"Why, that tubercles are formed as I have shown."* Very far from the truth. To sustain his claim it was necessary to show just the assumed facts from the morbid physiology of consumptive patients. But then to have done this must have spoiled his bantling, and it must have come to an untimely end. This he has not done, and this, we now see he could not, for the best of reasons, do. There is one point in this connection, I desire to call special attention to, namely: the admitted fact of the increase of fibrin in almost all cases in consumption. Now we ask, if fibrin then, why not, by a fair and logical inference, albumen also? For what is fibrin but albumen, and albumen fibrin and caseine, under other forms or modifications of the same, very same elementary compounds, all called protein? This remarkable discovery of Mulders' is without doubt known to you all. Then, why, since we see fibrin so constantly increased in consumption, may we not reasonably look for an increase of albumen also? And so very generally it is, as the facts of analyses, as we have seen abundantly attest. The third case given by Simon, where there was only a trace of fibrin, while the albumen was up to 130 in 1000 parts of blood, 60 above the normal standard 90 per cent, increase, may be only an example of this change or modification; the fibrin being merely transformed into albumen by that wonderful and inscrutable alchemy of organic life itself.

Now, Simon's theory is just the reverse of Dr. Gregg's, and is also the more rational of the two, as his conforms to facts, while the doctor's ingores them. Simon, on page 168, says: "I do not see how this increase can be accounted for, unless we assume, as I have previously done, that a portion of the globulin of the blood-corpuscles is converted into albumen during their metamorphosis." We admit Simon is here speaking of the change produced in the transformation of arterial to venous blood, and not of consumption. But then, if albumen is the product of this metamorphosis in the one instance, we know it must, for the same reason, be in the other also; for we all know the venous state of the blood is universally increased in this disease. But this vast field of speculation we care not to enter. And neither is it necessary, as we have sufficient of solid fact to rest upon without it.

Here, now we wish to make this double assertion, in opposition to the positive assumption of the Doctor in the one, and his implied assumption in the other, namely: that the two con-

*It is evident Dr. Gregg cannot have read modern writers upon the Chemistry, Physiology, and Pathology of this disease. John Hughes Bennett, M. D., in his great work "On the Principles and Practice of Medicine" on page 181 says, "That the animal matter of tubercle consists almost wholly of albumen, mixed with a minute quantity of fibrin and fat." Again on page 863 he says, "We have previously seen that tuberculosis is caused and kept up by some fault in the digestive process; that the blood is secondarily affected, and its albuminous constituents proportionally increased." &c. &c., E. G. C.

stituents of the blood most uniformly found in excess in consumption, are the fibrin and albumen; while the two substances of the blood generally found in deficiency in this disease are the fat and the corpuscles. At this state of the investigation it will, I think, be instructive to review some of these analyses, and divine, if we can, the lesson they teach. First then, will the Doctor tell us how he can get tubercles, upon his theory, out of the three cases given by Simon, or the twenty-one cases of Andral and Gavarret? It is the fault of his position if he cannot—not ours. It is his chosen hypothesis after many years of hard study, as we are told. Ninety-eight parts of albumen in 1000 of blood, 28 *above* the normal standard, does not look as if the blood was poor in this essential part of it; while the corpuscles *down* to 74-53 *below* the normal standard does not look as if there was a chance for any of them to swell and burst and get “stuck” in the capillaries producing tubercles upon his plan, and for the reasons he assigns. If it does, then indeed, do we see a strange sight, and it is no wonder he is under the necessity of going “outside of all existing medical libraries” for his physiology and his facts, to show that two diametrically opposite states, produce absolutely the same results. Perhaps he never dreamt of this pathological difficulty and impossibility. The worst of it for him now is, that by far the largest part of all these cases, if this be so, are producing tubercles from an *excess* instead of a *deficiency* of albumen. Please now figure out by ounces, penny-weights and grains, how this will make the product; then strike the difference upon his other scale of a deficiency of albumen, and tell us the extreme of the two.

The doctor sees that the facts in albuminuria and other of his “kindred maladies,” upon his hypothesis, and against him; as seldom do we find tubercles produced in this disease. How then does he meet this difficulty? Listen to him, on page 94, of his “Cause of Tuberculosis”: “But, objectors will say, if all this is true, Leukæmia, according to your claim of the cause of tubercles, should furnish the most constant and worst forms of tuberculosis; which is not the case, and therefore this is fatal to such a claim.” We think it is *fatal* to his claim; but let him proceed: “Not so; and for the best of reasons, as we shall now see. The decolorized blood-corpuscles in this disease are not changed to, or do not often, if ever, become tuberculous-corpuscles for the same reason they seldom do in albuminuria, and that is, the blood is so very watery in these diseases—so much more so than in phthisis—and the capillaries are necessarily so *relaxed* thereby, that the changed and sticky corpuscles are readily washed on through those minute vessels, and ruptured or entirely broken down by the extremely thin serum, just as they would be by continued immersion in pure water, and about as quickly, no doubt, because of their constant and rapid motion through *warm* fluid, but little more dense than water; or, if any of them do se-

cure a lodgement, all the soft tissues surrounding the capillaries are so filled with fluids so much thinner than natural, from the dilute serum constantly oozing through the walls of these vessels, that the conditions are not supplied by which endosmosis can possibly act to *empty* the distended corpuscles of the surplus water, which distends them, as is always the case in the formation of tubercles."

What a muddle of incongruities is here seen! Why, according to this, consumption should cure itself. As it is well known, the blood becomes more and more watery and reduced as this disease progresses, until finally tubercles must cease for lack of corpuscles to feed upon; when, as this is the source of supply, the patient must get well from mere exhaustion. The truth is, however, this in no wise reaches the root of the matter; but a *theory, the bane of the medical profession, must be supported*. And here we see the extremity one is often driven to to sustain it. Our patience is wholly exhausted in the reading of such crudities put forth ostensibly in the interest of science. A worse perversion of facts cannot well be found. Nothing equals it except other parts of this same quarterly, "Baron Munchausen," or "The Arabian Night's Entertainment." What some politicians are, when badly beaten, to figure out favorable returns; or Delmar is in the arithmetic of internal revenue, commend us to Dr. Gregg, in the pathology of "Tuberculosis and other kindred maladies." For like them, he sees less where there is more, and more where there is less. Now what are the *facts* in this matter also? Simon made the analyses of the blood of four persons with Brights disease, with the following results:

	1st.	2nd.	3rd.	4th.
Water.....	830.	827.	823.	840.
Solid residue.....	170.	173.	177.	160.
Fibrin.....	7.	3.	5.	3.5
Fat.....	2.4	1.8	2.5	2.
Albumen	103.	109.	97.	63.
Globulin and hæmatin.....	44.	45.	59.	76.
Extractive matters and salts..	12.	13.	12.	11.

The exact fractions I have omitted, as they are not essential. Now what do we see here? The water is increased only from 30 to 50, upon 790 in 1000 parts of blood; while in three of the cases the albumen is increased from 27 to 39, upon 70 in 1000 parts of blood, so that *relatively* we see the blood richer in all these cases, in this constituent of it, instead of poorer. While it is worthy of special note, the corpuscles, represented by the globulin and hæmatin, are immensely in deficiency, being 83 in the first, 82 in the second, 67 in the third, and 51 in the fourth *below* the normal standard, an average of 71 in 127, very nearly 130 per cent, upon the mean of 56. We now find in what the blood is reduced in such patients. It is not in albumen, as rep-

resented by this chimerical theory of Dr. Grigg's, but in corpuscles. We are aware that Andral, Gavarret and others have found the albumen in some cases of albuminuria—Bright's disease—below the normal standard. But in these instances it is matter for special notice that their analyses very nearly approximate those of Rodier's and Becquerel's in consumption, so that in such cases we ought, upon the Doctor's own theory, to find "unmistakably and unerringly tuberculous conditions," *which, nevertheless, we do not.* Thus we see, instead of sustaining his hypothesis it furnishes another strong point destructive of it "*And therefore this is fatal to such a claim.*" It is a wonder how such a dogma could be started with such truths to confront it. But, then, advertising pays. I doubt not it will in this instance, for it will take a long time for the facts and true science in the case to reach the public. In the mean time a great many fools, and some wise men, must get a prescription because of this hypothesis, and the doctor's "lucid and simple exposition of it;" which "simplicity" is what, according to the *Tribune* reviewer, recommends it. Simple, indeed! and clear as the "Father of waters," in a "June fresh." Of what possible benefit such a theory can be to aid in treating phthisis we cannot comprehend. If the production of the year to come is to be judged by the year that is past, better it should never see the light. We ask to be saved the infliction. Though far, very far, be it from us to disparage all reasonable attempts at investigation or opening of new fields of research, or penetrating the hidden mysteries of "Nature" in any and every direction. But he who attempts this must expect the torch of common sense and truth, sooner or later, applied to his works. At some future time we may review other and more subsequent claims set up, constituting his "Second series of discoveries." We think we have shown incontrovertibly the fallacy of his first and main hypothesis. We fear your patience has become wearied with this necessarily lengthy exposé; but the merit of the question and very great extent of the subject allowed no less space than we have given to it.

In conclusion, then, I deny, upon the most unquestioned authorities, as well as reason and common sense, that there is a lack of albumen in the blood in consumption. I further deny, upon the same unquestioned authorities that there is, or can possibly be an increase of the corpuscles relatively in this disease. On the contrary, I have proven the reverse of this to be true: that the albumen, as a rule, is increased, while the corpuscles are diminished, and that to a most remarkable degree; in some instances to one-third of their normal standard. Now, if these positions are as the facts of science and reason warrant, then, indeed, we must all see how small is the point upon which the Doctor builds his fabric, and of what wretched material it is composed. That at the best it is only the old worn-out cast-off, and

effete humoral pathology of the ancients, exploded years ago. It seems strange, therefore, that one claiming to be a "pure homœopathist," could be thus crude in his physiology and pathology. For all such, as we understand it, believe in the essential vital action of all diseases; and that not in the blood merely, do these abnormal manifestations begin, but from the very first partaking of the food, to its final reception in the blood, has the unseen work of disease been progressing. This must be evident from the best and most modern of authorities, upon the nature, power and properties of the blood itself. Says Virchow, "I do not regard the blood as a permanent tissue, in itself independent, regenerating and propagating itself out of itself, *but as in a state of constant dependence upon other parts.*" Again this same author says, "Every dyscrasia is dependent upon a permanent supply of noxious ingredients from certain sources." And again, "Not that I doubt at all, that a change in the composition of the blood may pertinaciously continue, or that it may propagate itself from generation to generation, but I do not believe it *can be propagated in the blood itself*, and these persist, and that the blood is the *real seat* of the dyscrasia." (Page 130.) Thus much as regards the physiological condition of the blood. Now, as to its chemical changes, the same uncertainty is admitted. L. Hermann says, "We know as good as *nothing* on the question, *whether within the blood itself* chemical changes of constituents take place." This is from a work upon physiology, published in Berlin in 1867. What a great pity that these vast investigators and thinkers, before giving such statements, had not seen this most lucid exposition of this "leaking-away-process of the albumen" from its kindred elements of the blood, and all the steps disease subsequently takes to produce the tubercle, consumption and death. We all know how important is the saliva to healthy digestion. We know further, the processes of healthy digestion and assimilation; but how, just where, and when *life* takes possession of *inert matter none can tell*. But all the facts of distinct vital action seem overlooked in one more fruitless attempt at building another theory, and explaining what has never been explained, and for all practical purposes does not, perhaps, require solution or explanation. This view of our physiological state does not discard any avenues of investigation to teach us all that can be known of the *changes* disease may produce. But, as vitality has in the past, and will for the future of our earthly existence, refuse to impart its own particular secrets of action, so does disease maintain the same stern silence as to *how* its perverted vital action takes place. We can see the paths of the whirlwind, but as none can tell from whence it cometh or whither it goeth, so in a more secret sense, do the vital conditions of our mortal lives refuse to yield up the secrets of their amazing and wondrous union of a conscious soul with a living physical existence. A more crude attempt at explaining the wonderful and unseen pro-

cesses of nature, to our mind, was never devised. Vital actions, eluding our keenest perceptions, are made to assume physical proportions, and are attempted to be explained with a freedom and ease truly astonishing. Undisputed facts and nonsensical fiction are mingled and blended into most surprising discord. With a tenacity and perseverance worthy a true cause, the doctor has pressed and elaborated his pet scheme. With what success, the public and the profession, in view of these few facts and thoughts here presented, must be the judges.

The Physicians Hand Book for 1870, by William Elmer, M. D., and Albert D. Elmer, M. D. Published by W. A. Townsend & Adams, New York, and sold at Dr. Lodge's Pharmacy, Detroit, at \$2 00, postage free on receipt of price.

A model to be commended for its neat and compact arrangement.

TRUMBULL'S FAMILY RECORD, published by Messrs. Trumbull & Cruver, Chicago, Ill.

This is an engraving 20x24 inches, the original of which was executed with a pen by Prof. R. H. Trumbull. Sold at \$3 per copy.

THE CHRISTIAN UNION, a religious weekly, published by J. B. Ford & Co., 39 Park Row, New York, at \$2.50 per annum.

A very gratifying improvement has taken place in this paper since the accession of Henry Ward Beecher to the chief editorship, and the transfer of the publishing department to Messrs. J. B. Ford & Co. The form is a 16 page folio, cut and stitched, very much more convenient for reference than the ordinary news sheet. The publishers will send "Plymouth Pulpit" (containing Henry Ward Beecher's sermons from week to week), and "Christian Union" one year to one address for \$4.

THE AMERICAN AGRICULTURIST, published by Orange Judd & Co., 245 Broadway, New York.

The February number is at hand with the publishers' usual promptness. The illustrations of this monthly are usually good, but those of this number are of a very superior order. The first one, that of a group of ornamental pheasants, is a wood engraving of rare merit. The remarks about soothing syrup are appropriate, and the advice, "let secret remedies alone," will be endorsed by educated medical men of every school. This February number contains 34 illustrations, with about 100 articles of interest to physicians and others who have taste for the beauties of nature, as well as those whose pursuits are agricultural. Subscription is \$1.50 per year; publishers, Orange Judd & Co. We can supply it with the Observer at \$3, for this year. At this price it gives us no profit, but rather a little trouble, but we shall be pleased to accommodate all our subscribers in this way.

THE DRIFT OF MODERN MEDICINE, an address delivered at the annual assembly of the British Homœopathic Society, June 30, 1869, by Alfred C. Pope, M. R. C. S. E., etc. London, England, Henry Turner & Co., and E. A. Lodge, Detroit. Price 30 cents.

Dr. Pope deserves the thanks of the fraternity for presenting it with his excellent address in clear print.

He says in closing: "The regeneration of therapeutics is a great and noble work in which to take part. None relating to this life merely is greater. Most thoroughly assured I am that this regeneration lies in the direction of homœopathy. Thither is modern medicine drifting. Be it ours then to promote the development of homœopathy, increasing its resources, adding to the large mass of evidence already accumulated in its support, and diffusing a knowledge of its means and method among the younger members of our profession. In so doing, we shall at once and the same time invigorate the art of medicine, be the means of relieving a large amount of human suffering, and give a full and practical effect to our veneration for the memory and genius of Hahnemann."

North Eastern Homœopathic Medical and Surgical Dispensary, located at 307 East Fifty-fifth street, New York City.

We are much gratified at an examination of the first report, which gives an account of its doings up to September 30th last. In seven and a half months 535 patients were treated. The district embraced in its work extends from 35th street to 100th street and all east of 6th avenue. "The aristocratic Fifth avenue is largely in the district, yet with all the wealth of this thoroughfare, next to no support to the dispensary has been forthcoming." The receipts for the period named were \$1,718. 33 and expenditures \$1,555 96.

SULPHUR AS A REMEDY FOR NEURALGIA AND INTERMITTENT FEVER: by Robert T. Cooper, B. A. and M., etc. London, Henry Turner & Co., and E. A. Lodge, Detroit. Octavo 32 p.; price 20 cents.

The author says: "Without committing ourselves to any denial or acknowledgment of the existence of psora, let us dismiss the subject of it altogether, and independently of it endeavor to precisionise the symptoms we have found to succumb to the administration of sulphur."

A number of cases are reported and the whole forms a readable paper.

THE CHRISTIAN STANDARD, published weekly by Messrs. R. W. Carroll & Co., 115 and 117 West Fourth street, Cincinnati, Ohio, at \$2 00 per year in advance.

This paper makes its appearance regularly every Saturday and no exchange is more welcome. Its editor, Isaac Errett, is ever ready to contend for the faith, but it is always the truth

spoken in love. We can commend it to all our readers as a courteous, dignified and spirited family newspaper.

THE BRITISH JOURNAL OF HOMŒOPATHY, published quarterly by Messrs. Henry Turner & Co., 77 Fleet street, London, England, at £1.0.0 sterling, and at Dr. Lodge's Pharmacy, Detroit, Michigan, at \$6 50 per year, or with Observer, 1870, at \$8 00.

The January number of this year commences the 28th volume of this, the best quarterly we have. Hereafter the *Annals of the British Homœopathic Society* will be printed in the *Journal* and the size increased to 208 pages each number.

THE (BRITISH) MONTHLY HOMŒOPATHIC REVIEW, published by Messrs. Henry Turner & Co., London, at 12s sterling per annum, and at Dr. Lodge's Pharmacy, Detroit, at \$4 50 or with Observer at \$6 00.

January number contains: Landmarks of Progress (editorial); Repertories, new and old, by Dr. Herbert Nankivell; On the principles of hydropathy, by Dr. Blundell; Practical notes, by Dr. Cooper; Clinical observations on *Veratrum viride*, by Dr. Shuldhham. Reviews: A Treatise on the Diseases of Infancy and Childhood, by J. Lewis Smith, M. D.; On some forms of paralysis in infancy, and childhood and youth, and on the prevention and cure of paralytic deformities, by Dr. Roth. Meetings of Societies: The Homœopathic Pharmaceutical Society of Great Britain. NOTABILIA: The Physiological action of Bromide of Potassium; *Ipecacuanha* in Vomiting; The Practitioner and Homœopathy; An enlightened empiricism; Going with the Tide; Homœopathy in Southampton; Progress of Homœopathy in France; Cholera in Peshawur; The Birmingham homœopathic hospital; Bragg's pure vegetable carbon or charcoal. Correspondence: Letters from Dr. Hale and Dr. Barridge. Notices to Correspondents, etc.

HOMŒOPATHIC HAND BOOK—by J. R. Cloud, M. D. Cincinnati, C. Tidball. For sale by E. A. Lodge, 57 Wayne street, Detroit; cloth bound 75 cents.

This nicely bound little work comes to us with rather a portentous title page! "Homœopathy; Its difficulties and some of the principal errors against it, with hints on dietetics, viewed in relation to the laws of digestion; also the Practice of Homœopathic Medicine Simplified for the use of families; and a History of the Cincinnati Homœopathic Medical Dispensary." It contains 83 pp., and some valuable as well as interesting material. Its defense of the present status of homœopathy is spirited

Materia Medica and Special Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

KALI BROMATUM.

(*Bromide of Potassium.*)

Chemical qualities.—Bromide of potassium is obtained by similar processes to iodide, substituting an equivalent quantity of bromine for the iodine. It closely resembles the iodide in most of its properties, and like it, is an anhydrous salt.

Tests.—It is very soluble in cold water, more so in hot, slightly soluble in alcohol. By heat, it decrepitates, and at a red heat fuses without decomposition or loss of weight. Its aqueous solution does not affect the color of litmus or turmeric. If iodine is present it will be shown by adding a few drops of chlorine water to the solution, and then introducing starch paper, which will give the characteristic blue color caused by iodine.

Medical History.—This salt was first prescribed as a substitute for the iodide of potassium, under the idea that it possessed similar curative qualities. It was used for secondary syphilis, mercurial poisoning, enlargements of the liver, spleen, tumors, scrofula, etc. The empirical experiments demonstrated that unlike the iodide, the bromide possessed powerful effects on the nervous system.

It was first recommended in epilepsy by Dr. Jackson, under the impression that by removing syphilitic disease, the epilepsy would disappear. Its action on the nervous system or circulation was not taken into account. It was then recommended and used in whooping cough and various spasmodic affections.

Probably no drug in the allopathic *Materia Medica*, is so extensively used, in an empirical manner, as this salt. In hom-

œopathy, its use has been very limited. It has doubtless made many valuable cures, and been productive of much amelioration of suffering. On the other hand its reckless use has certainly done much injury

Pharmacology.—For homœopathic use it may be prepared in two forms, namely: the tincture and trituration.

The officinal tincture which I use and shall advise, is made in such a manner as to conform to the formula believed by me to be the best one to be adopted by our school.

It is a tincture in which each *minim* or drop shall contain one tenth of a grain of the crude drug.

To nine drachms (3 ix.) of pure distilled water add fifty-four (54) grains of crude Bromide of Potassium. This is called the *mother tincture*. To make the dilution, add one drachm of this preparation to nine drachms of dilute alcohol (50 per cent.) or pure distilled water. If alcohol is used for the dilutions, the strong alcohol of our pharmacies should not be used until we reach the 6th. dilution.

The *trituration* is made in the usual manner after the decimal scale, by adding ten grains of the crude, to ninety grains of coarse sugar of milk. In the highest triturations the fine sugar of milk may be used.

We shall not here speak of the high attenuations of this drug, because in the majority of cases the lowest preparations are most appropriate.

When we become better acquainted with the real primary effects of the drug, then we may be able to use the high potencies of it with advantage.

Method of Administration.—In the use of the dilutions they may be prescribed in water, a few drops in a teaspoonfull, or in half a glassfull. The trituration, if low, should not be given dry, but always dissolved in considerable water. Globules may be medicated with the middle and higher dilutions.

Explanation of symbols.

Pathogenetic symptoms are not designated by any symbol.

*Indicates pathogenetic symptoms verified by *cures*.

°Indicates curative symptoms not observed as pathogenetic. Symptoms in *italics* denote *characteristic* and important symptoms. The words "*with*" & "*and*" indicate the natural connection of symptoms. (*v. v. v.*) indicate the number of times a symptom has been verified.

GENERALITIES

The gait became staggering; false steps became frequent. Weakness of the muscles of the arms—but no vertigo. (*Wietzer.*)

It paralyzes the nerves of the spinal cord. (*Ib.*)

Intoxication with loss of sight and hearing. (*Stille.*)

He becomes soon fatigued—is unfitted for work. (*Baziere.*)

Great physical depression and bodily weakness. (*Ib.*)

*Epilepsy from large doses in a cases of cerebral anæmia. (*Hammond.*)

Unsteadiness of gait; he was frequently taken for a drunken man; was once arrested for supposed drunkenness. (*vvv Hammond.*)

Weakness in the lower extremities and inability to stand erect.

Well marked numbness throughout the body, and very decided diminution of sensibility.

Hearing, taste, sight and smell *weakened*.

Almost constant twitching of the fingers and a busy occupation of them in matters of no importance. (*vvv.*)

Unable to walk.

Unable to stand; face ashy pale; pupils contracted; loss of memory. Great weakness of the extensors of the legs and feet.

Vertigo, fainting and nausea.

Very emaciated, weak and of a peculiar pallid color. (*Turnbull.*)

As an agent for lessening reflex excitability, the bromide of potassium excels all other remedies. (*Pletzer.*)

°Neuroses involving the brain and accompanied by convulsions. (*Ib.*)

°Mercurial trembling. (*Roberteau.*)

°Lead poisoning. (*Ib.*)

°*Infantile convulsions*, during teething, whooping cough or laryngismus stridulus. *Spasm of the glottis*; it prevents the recurrence of the spasms. (*Ringer. Hale.*)

**Epilepsy*, chiefly *grand mal*; rarely useful in *petit mal*.

It acts as a *tonic* in cases of debility from constitutional dyscrasia. (*Simpson.*)

Restless and shaky, as if from palsy. (*Caro.*)

It diminishes the abnormal vascularity of the great nervous centres.

It mitigates those convulsive movements and spasmodic twitchings which are the results of the rapid conversion of sensory impressions, or of morbid reflex action through the medulla oblongata. (*C. Browne.*)

°*Quotidian ague* after quinine had been given for two weeks without result. "The sweating stage was unusually protracted and exhausting." "A full dose every 3 hours during a remission, cured." (*Begbie.*)

*It removes pathological deposits of fatty matter only, while the iodide removes *normal* adipose matter. (*Simpson.*)

It diminishes the *reflex* excitability of the nervous centres (*Brown Sequard.*) The functions of organic life are not disturbed. (*Huett.*)

°Epilepsy. (One of the most specific curative agents yet known. *Brown-Sequard, Hammond et al.*)

°*Epi'epsy*—especially occurring at or near the menses. (*Laycock.*)

Epilepsy may be arrested by it, but returns when this drug is suspended, (*Ramshill.*)

°*Paralysis agitans.* (*Hammond.*)

°Trembling sensation throughout the whole body. (*Hale.*)

°Tetanus; a boy 12 years old, from suppurating of finger nail and exposure to cold by sleeping on the grass. Attacked Oct. 8th. Discharged Sept. 10th. Dose 20 grs. every 2 hours nearly all the time. A few days took 20 grs. every hour. (*R. Browne.*)

°*Chorea* in a female. The tongue protruded with a jerk; muscles of the face, right arm and legs in constant jactitation,—quite violent. Eight grains every 3 hours cured in 2 days. (*Dr. Hume.*)

°*Chorea* in a female, of several weeks. Unable to dress herself or work, and could hardly speak. Face, arm and leg of right side affected. Ten grains every 4 hours cured her in 3 days. (*Dr. Hume.*)

**Symptoms from an affection of Vaso-motor nerves*, namely :

i. Occasional sudden paroxysmal feeling of “numbness,” a term employed by some to denote the sensation of “pins and needles;” by others that of “deadness” and “weakness;” and by a third group an “indescribable feeling of something wrong”

ii. A feeling of “largeness,” or “as if the limb were swollen;” there being at the time of its occurrence, no change in the size of the extremity.

iii. The occurrence of “aching,” of “uneasiness,” or of actual “pain,” the latter not very severe.

iv. The feeling of “coldness,” and occasionally, the obvious fact of coldness.

v. The fact of sudden “weakness,” sometimes termed a “paralyzed” feeling; the patient being unable to retain the grasp of an object, and hastily putting it down, or allowing it to fall. At such times the muscles do not respond readily to the will; the co-ordination of movement is defective. Such acts as writing or needle-work have to be discontinued, and generally such patients rub the limbs, by, as it would seem, an almost instinctive impulse.

vi. The occurrence of sensations allied to cramp, or that of actual cramp, with varying amounts of pain. (*J. Russell Reynolds.*)

[Aconite, Gelseminum, Platinum, Pulsatilla, Lycopodium, Veratrum album, and Calcareo carb, have many of the above symptoms. *Hale.*]

"The symptoms due to large doses of the bromide of potassium, may be stated as follows; in the usual order of their occurrence:

1. Contraction of the pupils.
2. Drowsiness.
3. Weakness of the arms and legs.
4. Depression of mind.
5. Failure of memory.
9. Delusions.

The first three of these are, I think usual accompaniments of an active dose of the medicine. They simply show a sedative effect due to cerebral anæmia. In adults they never follow a less dose than ten grains. Doses of five grains produce no obvious effects. No permanent difficulty results from very large doses of the bromide." (*Hammond.*)

"The effects of the b. of p. are always direct; that is, due to contact with the tissues whether at the point of application or in the parts of the system to which it is carried by the circulation; or in the organs by which it is eliminated.

It has no elective action; certain systems are however, affected before others. Thus the sensory nerves lose their properties before the motor; the latter are affected before the spinal cord; and the spinal cord before the muscles.

The secretions of the glands are diminished in proportion to the contraction of their blood vessels.

It is not a poison of any special tissues or system; it kills all nerves and muscles, and it may therefore be defined as a general nervo-muscular poison." (*M. M. Martin, Damourette & Pelvet.*)

Per contra. Dr. Hammond asserts that to a condition of *cerebral anæmia* most of the obvious phenomena which follow the administrations of b. of p. should be ascribed.

MIND.

Remarkable slowness of speech, and difficulty of collecting the ideas, and expressing them. (*Turnbull.*)

**Profound melancholic delusions.* (*Hammond.*)

He imagined that he had been specially singled out for divine vengeance, and he spent the greater part of the evening in loudly deploring his sad fate,—falling suddenly asleep at intervals of a few minutes. (*Ib.*)

He walked the room groaning and wringing his hands; he thought he had been accused of robbing a friend, and that the officers were in search of him; with unsteady gait; hands and fingers in constant action; face pale and pupils contracted. (*Ib.*)

Loss of memory. He forgot how to talk; for instance, when

asked what made him take so large a dose (60 grs.) he was fully two minutes endeavoring to form a reply, and then was obliged to give up the attempt, with the remark "I can't." (*Ib.*)

Amnesic aphasia,—there was no difficulty of co-ordinating the movements of the tongue, so as to articulate distinctly any word he was told to pronounce. (*Ib.*)

Gloomy ideas relative to his present and future condition *with* weeping, moaning and wringing of hands. (*Ib.*)

She fancied the boarders in the hotel insulted her. (*Van-Beren.*)

Imagined the weekly bills of the landlord were the evidences of a conspiracy got up against her father. (*Ib.*)

While standing on the guards of the boat she suddenly gave a loud shriek, and declared she had seen her brother fall overboard. (*Ib.*)

Profound depression of spirits with melancholy delusions. (*Ib.*)

She is very absent-minded, low-spirited and childish. (*Hammond.*)

Mental depression, *with* feeling of approaching death and great weakness. (*Thomas.*)

Feebleness of intelligence. (*Pletzer.*)

Decided lack of will and mental activity. (*Brown-Sequard.*)

°Removes the delusions during and after delirium tremens. (*Begbie.*)

°Acute mania, *with* fullness of the blood-vessels of the brain (*Ib.*)

°Frightful imaginings at night (in pregnant women during the latter months,) they are under the impression they have committed, or about to commit some great crime and cruelty, such as murdering their children or husbands. (*Ringer.*)

°Night terrors of children (not from indigestion) with screaming, unconsciousness of what is occurring around them; cannot recognize, nor be comforted by their friends; sometimes followed by *squinting* (*Ringer.*)

°Somnambulism in children. (*Ib.*)

°She is very fretful, crying at trifles, constantly brooding over the loss of a daughter; is almost crazy. From fretting, loss of rest, and want of nourishment is seized with nervous dysentery. Cured by b. of p. 7 grs. every two hours. (*Caro.*)

°Spasms, from emotional or moral disturbances (*Browne.*)

°*Puerperal mania.*

°Delirium tremens,—not so good in the acute attacks of mania, as in the "nervousness" which precedes it. (*Begbie.*)

°*Great despondency*—in men and women,—they "feel as if they should go out of their minds." (*Ringer.*)

°Deep depression, with painful delusions, with persistent sleeplessness, and dread of impending destruction of all near to her. (*Begbie.*)

Melancholia.

Insanity, disappearing on suspending the use of the drug.
(*vvvvv Hammond.*)

Delusions that lewd women had got into his mother's house.

He imagined he was pursued by the police. (*Ib.*)

He imagined his life was threatened by members of his family. (*Ib.*)

He believed he had thousands of dollars sewed up in his clothing. (*Ib.*)

He appeared like a drunken man, except that his face was very *pale*, pulse 60, skin cool and pupils contracted. (*Ib.*)

Manner exciting and rambling; his hands constantly busy either fumbling in his pockets, tying his shoes, picking threads from his clothing, or in searching for the gold, which he imagined was concealed in the lining of his coat. (*Ib.*)

His character had undergone a radical change; from having been frank and brave, he had become excessively timid and suspicious of every trifling circumstance. (*Ib.*)

He several times attempted to throw himself from the window, and had battered down a door with an axe, in order to escape from some imaginary danger. (*Ib.*)

Her memory was absolutely destroyed; she could not recollect the simplest things, and even forget her own name, and that of her husband, though reminded of both an instant before. (*Ib.*)

Frequently she would burst into tears for no cause whatever, and often from purely imaginary causes. (*Ib.*)

Incoherent, full of delusions, of no fixed character, and

Remarkably depressed in spirits. (*v. v. v. v. Ib.*)

(This was the most permanent symptom.)

She had the erroneous idea that she was deserted by all her friends, and as a consequence, she passed all her waking moments which were not many, in *tears.* (*Ib.*)

A fixed delusion that her child was dead; she declared she saw it dead before her, and when it was brought to her, she refused to acknowledge that it was hers, or had any resemblance to the one she imagined was dead. (*Ib.*)

Most intense melancholy, attended with fits of uncontrollable weeping, in a man. (*Ib.*)

Positive delusions of various kinds.

BRAIN

It lessens the amount of blood circulating within the cranium and produces a shrinking of the brain from this cause. (*Hammond.*)

Heaviness of the head. (*Pletzer.*)

In a case of epilepsy, caused by cerebral-anæmia, each dose of 20 grs. *caused* an attack. (*Hammond.*)

Vertigo, both slight and extreme, with dullness of the head (*Nore.*)

Confusion of the head.

Drooping of the head.—difficulty of holding it erect. (*Brown Sequard.*)

°The flushed face, the throbbing of the carotids and temporals, the suffusion of the eyes, the feeling of fullness of the head, all disappears, as if by magic under its use. (*Hammond.*)

°Violent headache, from concussion of the brain. (*Ib.*)

°Mercurial headache. (*Roberteau.*)

°Convulsions—during acute meningitis, *after* the inflammation has declined, leaving serious damage. (*Ringer. Hale.*)

°*Delirium tremens*, it relieves the delirium (not furious) removes the delusion, and produces sleep. (*Begbie. Hale.*)

°Bad results from overtaking the brain by intense study; too close attention to business; grief; anxiety. (*Ib.*)

°Calms excitement, removes the giddiness, noises in the ears and perversions of the external senses from disease of brain. (*Ib.*)

°Cerebral irritations during cholera infantum; pupils dilated, eyes sunken, eyeballs moving in every direction without taking any notice; feet and hands blue and cold; pulse imperceptible. (50 cases treated—no deaths—Dose $\frac{1}{2}$ grain every hour. (*Dr. Caro.*)

Head hot, feet as if in a furnace, with coldness and chills, etc., etc. See “Abdomen.” *Caro.*

°A feeling of “lightness” and exhilaration takes the place of heaviness and depression. (*Simpson.*)

°*Incipient basilar meningitis.* A delicate thin female child, aged five years, had complained for several weeks of severe headache, *nearly all the time*, worse at night. She would play a few minutes with other children, then lie her head down on a chair or other support, and cry with the headache. She grew weak, emaciated, dull, heavy eyed; had no appetite, did not sleep well nights; when sleeping it was disturbed by groans, grinding of the teeth, starting up as if frightened; complains of terrible headache; tongue clean; pulse 90 to 100, quick and wiry; constipation; scanty urine, and too much heat about the head. A careful homœopathist had given Belladonna, Hyoscinus, Cina, Bryonia, and other apparently well chosen remedies without effect. I at first gave Belladonna, 200, then Sulphur, 200th, which mitigated the pain a short time. Agaricus 3d. was tried without much effect. Finally *Kali brom.* one half grain every three hours for a few days,—no perceptible improvement;—then one grain every three hours when decided improvement in all respects set in, and in three weeks she was quite well. As soon as decided improvement occurred the medicine was given at longer intervals. (*Hale.*)

KALI BROMATUM IN OCCIPITAL HEADACHES.

This remedy has been used by me successfully in headaches on many occasions—generally occipital. The following is a typical case: Mrs. —, a delicate woman, reduced by excessive lactation—the child weaned two weeks ago. *Symptoms*, for three days have been, *a severe, throbbing, aching pain in the occipital region, extending down as far as the dorsal region.* Cannot sit up, or walk, or shake the head, owing to the severe aggravation; tongue clean; complains of nothing else but weakness and *depression of spirits.* Prescription: Kali brom., a few grains of the $\frac{1}{10}$ th trit. in half a glass of water, two spoonfull every half hour. In a few hours the pain left the occiput. The amelioration extended downward; until twenty-four hours after the first dose, it was only felt in the dorsal region. The next day the pain was all gone.

The symptoms *italicized* I consider to be characteristic of the remedy.

E. M. H.

KALI BROMATUM IN NYMPHOMANIA.

BY R. CAUCH, M. D., PRINCETON, ILL.

Was called on the 9th of November, to visit a Mrs. X—, æt twenty-three years. Nervo-sanguine temperament, very ambitious, cheerful disposition. She is the mother of two children, and has had two miscarriages at the second and third months respectively. At the time of my first visit I found her with the following pathological conditions: Dull headache, amaurosis, dilatation of the pupils, easily excited, and when excited, has palpitation of the heart. Terrible dragging pains in the lumbar and sacral regions, with bearing down pains in pelvis, and great weakness in back and lower extremities. She complained of flashes of heat, followed by chills throughout her whole body, and had cold feet constantly. Leucorrhœa like the white of an egg, catamenia scanty, but too frequent. Is very nervous, and is suffering also from constipation and hemorrhoids. An examination with a speculum showed the posterior lip of the os uteri ulcerated. I gave Bell. $\frac{1}{10}$ every two hours to relieve the head. Hydrastin mur. 8 grs. to one qt. soft water, to be used warm with a vaginal syringe, morning and evening. Æsculus hip. $\frac{1}{10}$, four globules at noon each day, for the hemorrhoids.

November 10. Was called in great haste, and found my patient in spasms. She had eight in rapid succession before I arrived, needing several persons to hold her on the bed.

Gave Ignatia $\frac{1}{10}$ in drop doses every five minutes in a spoonful of water. The next spasm was lighter. After three doses she had a light one, and then they ceased. My patient was so prostrated, that she could not raise her hand to her head the next day. By the daily use of Dr. Kidder's battery and remedies, she gained strength rapidly for several weeks; but the ulceration of the os uteri increased and extended into the cervix. The leucorrhœa became very profuse and offensive, excoriating the parts. I charged her with violating my orders by having too frequent intercourse with her husband. She acknowledged it, and said she *could not* control herself.

I then elicited the following additional history of the case:

When about seventeen years of age she was thrown from a horse, striking the small of her back across a rail. This accident confined her to her bed for some time, and from that day she has been troubled with nymphomania. She had never resorted to self-abuse, but after marriage she gradually grew worse. During the first, second, and third years after marriage she indulged in these desires two or three times *every* night, and often once or twice a day if her husband was at home. (He tried to please her, though he thought she must be a very passionate woman, and wondered if all women were so.) This continued until ulceration of the os tincæ compelled her to seek medical aid. She was cauterized by an allopath three times a week for several months, and finally returned home as bad as ever, the nymphomania driving her almost mad. Soon after arriving home she had spasms, and another "HEROIC" M. D. was called. He kindly informed her husband that her spasms were feigned, and advised him to give her a "good blowing up," and she would soon come to her senses. The husband having more sense than the M. D., quietly dismissed him. She then came into my hands. After hearing the above history, it was evident the cerebro-spinal nervous centres were involved. In a few days after obtaining the above additional history, my patient was again seized with convulsions. After controlling them as before, I gave her, on the recommendation of Dr. E. M. Hale, of Chicago, whom I consulted by letter, Bromide potass. 5 grains every six hours, and used injections to the os uteri of Gels., ℥ j; Glycerine, ℥ ij; Aqua pura, ℥ xj. mix., a teaspoonfull in a cup of warm water, morning and evening. I also touched the ulcer with the solid

Nit. silver, and brushed it over with glycerine, once in five days. Within four days the nymphomania was controlled. She slept with her husband and had no sexual desires. The solution of Gels., Glycerine and water relieved the terrible burning of the ulcer, so that she was quite comfortable, and said she felt like a new being. That maddening excitement was gone, and she could not be thankful enough, for she had not been free from it for a day for nearly seven years. I now reduced the dose to ten grains a day for two days, and then five grains per day. At this time her nurse gave her a cup of strong coffee during my absence, and within an hour the nymphomania returned, and to such an extent, that she soon had all the symptoms of returning convulsions. I now put her back on five grains Bro. Potass. every six hours, gradually diminishing the quantity as before, and she has had no return of the nymphomania for eight months. The spasms have always occurred when the nymphomania was at its height, and she could not have sexual congress. The ulceration healed readily with the usual remedies, after the nymphomania was controlled.

CASES OF CURE BY THE USE OF THE DORYPHORA.

CASE I. "A little girl aged five years had the *mumps* on both sides, Merc. and Belladonna was given and the swelling disappeared, and she was attacked with *very severe pain across the back in the region of the kidneys, increased by pressure or motion, accompanied by high fever, full hard pulse, red and bloated staring eyes, constipation, retention of urine, and dark coated tongue.*

Various remedies were given without any relief. When the *Doryphora* was prescribed, (6th potency.) One hour after the first dose the patient seemed much relieved. A copious discharge of bloody urine occurred, the bowels moved, and in nine days the child appeared quite well."

CASE II.—A strong young man had for two months a *discharge from the urethra* (character not given) *wholly without pain, none during the night*; Sulphur, Merc. Caps. Nitric acid and Thuya, had no effect. An allopath gave Copaiva and Cubebs fruitlessly. I prescribed *Doryphora* 4th trit. four powders daily. With the second powder the discharge seemed increased, *but* at the end of ten days it ceased altogether.

CASE III.—A feeble man was attacked, after illicit inert course, with *itching and burning in glans penis, which was swollen, bluish red. The urethra seemed inflamed, with severe pain when urinating.*

Doryphora 4th trit. four powders daily. On the fifth day he reported himself cured."

[The above cases were reported to me by Dr. C. Ruden of Kankakee, Ill., the first prover of the *Doryphora*. If further use and experiment shall confirm his provings and experiences, the poison of the Potato Beetle, may form a valuable remedy. It appears to resemble in its effects, Lachesis, Apis, Cantharadis and Belladonna.

E. M. H.

Chemistry and Pharmacology.

E. W. FISH, M. D., HOLLY, MICHIGAN, EDITOR.

THE CHAIR OF CHEMISTRY.

As much pride as we naturally take in our medical colleges, and other seminaries and public schools, we cannot but feel that that branch of natural science—chemistry—is rarely efficiently taught. How many institutions struggle along to secure one or two thousand dollars worth of gas bags, air pumps, and frictional electrical apparatus, with pyrometers, barometers and electrometers in abundance, when one hundred and fifty dollars in test tube and crucible appliances would illustrate a far more practical course of instruction—especially for the medical student. We are convinced that Scheele's vials and salt pouches did more to develop a practical analytical knowledge of the science than——'s wind lectures and rain gauges.

Is not the ordinary text-book teaching chemistry upside down? In other words are not our professors and our school books presenting the elaborate and advanced date of the science first—leaving the practical relations of our common salts, acids, and alkalies undeveloped? To illustrate, what man, professional, or otherwise, has occasion to manufacture Oxygen gas, or Olefiant gas, or freeze Carbonic acid gas—except as an amateur. On the other hand, what man—professional or otherwise—should not understand the multiple relations of chloride of sodium, our

common salt, to the many agents surrounding us? Who should not understand the infinite chemical relations of the potash and soda salts contained in every house? A myriad familiar recipes are floating around which are but the commonest surfs of chemical knowledge, which every well educated American man and woman should understand, for chemistry is *supposed* to be taught in all our schools.

But if a practical teaching of chemistry would prove so advantageous to the family, how superior an accomplishment would it be to the physician, who is constantly handling the elements which make up its lore. And we appeal to the occupants of the chemical chairs to change the order of their lectures in some degree—leaving the philosophy of the natural forces, of diffusion of gases, of the productions of the elements and their peculiar characteristics, to begin with the A B C of practical information by the introduction of the test tubes, general precipitants, and the law of affinity whereby reactions may be judged and executed. Then if the student, with these relations of salts and other agents to each other understood—*i. e.*, with proximate chemistry attained—desires to pursue the study farther he may pursue the *ultimate* branches which are now taught primarily, viz. the nature, production and properties of the elements themselves and their rarer products.

Chemistry, as it is taught generally, is an unpractical and not very ornamental study. It should be to materia medica what anatomy and physiology are to the practice of medicine; and to toxicology it does not bear even a secondary relation, but primary in the highest degree.

To know what muriatic acid will precipitate from a solution before us is of more importance than to know that the chlorine entering into its composition is one of a group of four elements called halogens, and is produced by the action of the chlorhydric acid on pulverized binoxide of manganese, and that water will absorb twice its bulk of the gas. To be able to detect the presence of Sulphuric acid in any and every instance is of more value to the student than to learn that it is "made in leaden chambers and mostly imported from the old world where immense quantities are manufactured." We know a homœopathic physician who neither knows corrosive sublimate from calomel ("except by its *red* color!!") nor could he by any means distinguish them by chemicals. He says his professor of Chemistry did not tell the class anything about such things! F

Notes of Lectures.

MY FIRST STEPS.

BY T. P. WILSON, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE AND
OPHTHALMOLOGY, CLEVELAND HOMŒOPATHIC COLLEGE.

Gentlemen : It is said that an inch of practice is worth a rod of study. Now while I do not believe all the statement would imply, I propose that instead of the regular subject for our afternoon lecture, we attend to the relation of a few items of personal experience.

By way of introduction let me say, that for the full and final success of homœopathic medicine, no one element is more vital than harmony. Before the foundations of the world were laid there arose spirits who preferred to reign in hell, rather than serve in heaven; and there are men among us who, if they cannot bind us all captive to their chariot wheels, are anxious to cover us with anathemas and scatter us by the fire of discord. It is not only unseemly but deleterious, for any school of medicine or any practitioner of our art, to assume perfection or claim pre-eminence in the knowledge or practice of those things that are peculiar to our medical faith.

It is painful to see a class of men, whose mental equilibrium is wrecked on the delusive rock of *Dilution*, putting up bars and erecting partition walls, merely to satisfy either a mischievous fancy or to feed a morbid vanity of self.

Let me warn you gentlemen, not to become bewildered by the loud opposing cries that anon break upon our ears; some crying "*I am for high dilutions*," and others shouting, "*I am for low dilutions*." Holding steadfastly to the great central law of similia, let us strive to cultivate the largest liberality of spirit toward all who hold this faith in common, and measure no

man's character or standing by the size of his dose. It is childish to make a vital issue out of such a non-essential fact.

It has been the aim of this school for years past, to maintain catholic grounds on the question of attenuations. And after we have thoroughly indoctrinated you into the principles of the law of cure, you must exercise your own private judgement as to the manner in which those principles shall be applied to the cure of disease. That you may receive some aid upon this latter point, I propose for a few moments to indulge in a relation of some personal reminiscences.

I practiced medicine for several years exclusively with the mother tinctures and the first second and third dilutions. My success was undoubtedly commendable, for it secured me abundant patronage; but to my mind, it was not satisfactory in cerebral and pulmonary inflammations of children. My old friend and patron the city sexton, would occasionally get down his book much to my annoyance and point out my name as physician to too many infants leaving adults entirely out of the question—that had come under his jurisdiction—and then the old man would say “*I thought you little pill doctors cured all the children.*”

I thought so too; but then there were the facts he pointed out. Well, somehow I came, finally, into possession of a half ounce of the thirtieth dilution of Aconite. I acknowledged ownership to the article, under protest; and I kept it in my office case a long while without any apparent injury to my person or effects. Finally I bethought me, If it can do no harm, it may perhaps do some good. And so I calmly awaited the time when Providence should indicate the patient, and the patient should indicate the remedy. About nine o'clock on a certain evening I was called to see a little girl *æt.* 10, suddenly and seriously sick: decubitus dorsum, both cheeks marked by a circumscribed flush, respiration hurried and difficult, cough short, frequent and painful; fever, and a crepitant rale in both lungs.

Shutting my eyes to the fearful consequences that might follow, and peremptorily bidding my protesting conscience to keep silent, I poured a few drops of the aforesaid Aconite into a glass half full of water, and ordered one teaspoonful every half hour,

“Only this
And nothing more.”

I did not pass a sleepless night, neither did my patient. And I was gratified in the morning with the following two facts. First I was not arrested by the police for malpractice. Secondly, my patient was pronounced convalescent.

Numberless are the instances in which I have repeated the hazardous act, and with like results. And I may say, that since then I do not remember to have lost a single case of infantile pulmonary inflammation.

The foregoing event marked an epoch in my medical history. I had now passed the Rubicon of unbelief, and henceforth I became master of new empires. Still with great tardiness I took hold of other remedies and higher dilutions. And now after the lapse of several years, you can count on the fingers of your two hands the whole list of lilliputian heroes whom I trust in the conflict of life and death, Some thirtieths, a few two hundreths, and now and then a solitary eight hundreth, and two thousandth, lie hidden in the drawers of my case. And whenever I have called them forth, I must confess they have shewn a most surprising ability in accomplishing the end I sought.

On some future occasion I shall take pleasure in reporting more fully their marvellous deeds.

But gentlemen, no event of my medical life is more deeply engraved on my memory, than my first high dilution prescription.

My first whistle, my first pair of boots, and the first girl I passionately adored, cannot take precedence in my esteem, of the first steps I took in the use of highly attenuated remedies.

NOTE.—The reader should know that the foregoing was written and sent to this journal several years ago. The MS. was mislaid, and, as the editor informs me, only came to light a few days ago. Meantime I have walked somewhat farther in the way of high attenuations. The above statement by no means represents my present status regarding the knowledge or use of the higher potencies. I beg to re-affirm all I have said in favor of catholicity of doctrine and freedom of action in the practice of homœopathy, and I am thankful to know that my first steps in the use of highly attenuated drugs did not prove my last. T. P. W.

American Homœopathic Observer.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR.

DETROIT, MICHIGAN, FEBRUARY, 1870.

Our readers continue to show their appreciation of the Observer by prompt remittances of their subscriptions for the current year. There are a few who are still owing for 1869 as well as for 1870; if these will remit soon, and if all our old subscribers will give us a little assistance in procuring new subscriptions, we shall be enabled to enlarge and further illustrate and improve the journal without increasing its price. We have been asked why we do not ask as much for the journal as it is worth? We prefer retaining the subscription at *two dollars*, and if our friends will remit this promptly, it will enable us not only to cover every expense attendant upon the publication, but also give us a fund which we can invest in its further improvement. This will impart a steady and legitimate growth, and we believe it will contribute to its permanent prosperity better than extrinsic aid. Let it be remembered that the Observer so far has been wholly supported by its regular subscribers in legitimate subscriptions. Not a single dollar has been paid for its support by others.

There is nothing wrong in the support of a journal by a company, college, or society; but however desirable such a course may be, we think that no journal which has been thus fed, or fostered, can be regarded as equally representative of the profession with the publication which has relied on the single subscriptions of its readers.

We receive by every mail words of congratulation and encouragement from our friends. Were it expedient, we should print them all, as it is not, we will publish from month to month one from each State which will fairly represent the whole: and first we will hear from PENNSYLVANIA, from Dr. George McLeod. He writes from Philadelphia, Jan. 17:

"It is with real pleasure I renew my subscription to your journal. Having been a constant reader of it from Vol. I., I am fully prepared to congratulate you on its steady improvement, and I can assure you, my dear Doctor, you and your Observer have no stauncher friend and well-wisher than you may find in me. I have marked your strenuous efforts to make the journal at once pleasing and profitable, and allow me to say, you have achieved a success. I would not bother you with this line, were it not that I feel the honest and competent journalist cannot deem it an intrusion to receive words of cheer."

From OHIO, Jas. G. Hunt, M. D.,* (late editor of "*American Homœopathist*") "I am glad to see you are keeping the Observer ahead. I hope your indomitable energy will last you a couple of score more of years."

From MASSACHUSETTS, B. de Gersdorf, M. D., of Boston, writes: "You have my best wishes for the further successful career of your welcome journal."

From ILLINOIS, J. B. Vivion, M. D., says: "An able, dignified and well edited periodical."

From CALIFORNIA, J. A. Albertson, M. D.: "I am well pleased with the Observer, and wish to take it as long as I live."

From WISCONSIN, Drs. A. W. & N. A. Gray: "We enjoy the American Observer, and could hardly do without it"

From IOWA, R. L. Hill, M. D.: "I consider it one of the best monthlies published."

From MINNESOTA, E. Cooley, M. D.: "One of the best journals for us here in the West and North West. As long as it is as good as it has been, you may be assured I shall be one of your subscribers."

From MISSISSIPPI, Wm. J. Gibson, M. D.: "I must add my testimony to the prosperity of the Observer, and satisfaction with its regular monthly visitations."

From VERMONT, C. B. Currier, M. D.: "If the Observer cost three times as much, we should cheerfully give it."

From NEW YORK, W. E. Rogers, M. D.: "During the past year I have taken three medical journals besides the Observer, and can cheerfully bear testimony to the fact that the Observer is by far the best. It is *progressive*, and in point of literary and scientific ability ranks second to none. I wish it and the science it so ably represents increasing prosperity."

From MICHIGAN, Professor C. J. Hempel writes: "Dear Doctor, at the commencement of a new year I desire to send you a few words of encouragement, and good will, in the work which you have so ably begun and sustained with such remarkable success—I mean the publication of your Observer. In spite of the difficulties you have had to encounter, the Observer has been steadily gaining in influence, and now occupies a rank equal to any of the periodicals of our school. Owing to the independent and fearless course you have pursued in its management, your Observer has gained the respect of both friend and foe. It is not the organ of a clique, but of Homœopathy conceived as a broad and liberal Science. For one, I am thankful that all honest-hearted advocates of our cause can accept your Observer as their organ. Success to you in the future, as in the past!"

From East, West, North and South, words of cheer, and the "sinews of war." But here is a complaining spirit from Minnesota. Let us hear him:

Faribault, Jan 12.—E. A. Lodge Dear Sir In regard to the Hom-Observer, I gave Dr. Nichols some two years ago, the price of

* With whom we were a class-mate at college, and afterwards for a short time connected in practice.

one year's subscription I did not wish to take it any longer. I have paid no more attention to it since. It was your place to stop the Observer when the year was up and not wate until you had sent two years and then give notice you want 4 dollars I am not paying for Homp Observer unless I order it— Yours T. B. SAGE.

This letter we have printed *verbatim*, and now append our reply:

"In the absence of any request for discontinuance, the "*Observer*" was sent in good faith; if you did not desire it, you should have returned the first No. received, after you wished it stopped, marked "*refused*" or "*declined*," or given me some other notification. Your continuing to receive it, makes you just as much a subscriber as if you wrote to request its continuance:

"PERIODICAL DECISIONS.—1. Any person who takes a paper regularly from the post-office—whether directed to his name or another's, or whether he has subscribed or not—is responsible for the payment.

2. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, whether the paper is taken from the office or not.

3. The courts have decided that refusing to take newspapers and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud."

But I do not stand on any legal decisions. I would not *force* payment; never have, and never will. If you do not feel morally bound to render an equivalent for the numbers received, let it pass, but allow me to say that you may consider yourself bound in honor to return the numbers you have not paid for. Is not this right? I will pay postage on returned numbers. New subscribers want them."

This "*sage*" M. D., in his wisdom defines, to his own satisfaction, the relation between publisher and subscriber, and when he says we should "*not wate*" on him beyond the actual time he has paid in advance we are struck with his consummate sagacity. He understands the matter precisely though he never published a journal and our seven years experience is valueless. But to speak seriously we may remark that if our physicians generally acted as liberally as this Dr. Sage, there would not be a single homœopathic journal published in the United States. Our subscribers would feel offended if we did not continue the journal to them beyond the year for which they may have paid. In a few cases of delinquency we have been obliged to erase names, but these failures are not one per cent of the whole number. Each subscriber is considered as "*perpetual*" in the absence of notice of discontinuance. And as we do not desire to send out a single number where it is not wanted, or where it is not appreciated at its value or price, let no one hesitate to promptly return the Jan. and Feb. numbers of this year marked "*declined*" if it is not considered worth the subscription price of two dollars per annum.

Any prompt paying subscriber desiring the "*American Observer*" for his students, or for his minister, or for any other particular friend, can have it for \$1.50 for this year.

COLLEGES, SOCIETIES: ETC.

New York County Medical Society.—*Officers for 1870.* President, S. Lilienthal; Vice President, F. W. Hunt; Secretary, H. M. Smith; Treasurer, H. C. Houghton; Censors, Carroll Dunham, T. F. Allen, R. McMurray, E. M. Kellogg, H. D. Paine.

Committees.—*Materia Medica*, Carroll Dunham, T. F. Allen, Joseph Finch; *Clinical Medicine*, H. D. Paine, J. A. Ward, R. Blackelock; *Pathology and Physiology*, R. McMurray, B. F. Joslin, J. McE. Whetmore; *Surgery*, C. P. Liebold, A. P. Throop, H. C. Houghton; *Statistics*, H. M. Smith, L. de V. Wilder, B. F. Bowers; *Zymosis*, S. B. Barlow, F. S. Bradford, H. N. Avery; *Obstetrics*, E. M. Kellogg, S. P. Burdick, G. E. Belcher; *Insanity and Forensic Medicine*, F. W. Hunt, H. R. White, J. W. Mitchell.

Hahnemann Medical College of Philadelphia.—We are gratified to be informed (Jan. 21st), that there are 128 students in attendance this winter.

The Chicago Academy of Sciences is in a very flourishing condition. It has a fine building on its own ground, and a large list of members—most of them solid men of wealth, influence and learning. Many of the best allopathic physicians of Chicago are enrolled on its list of membership. Among the homœopathic physicians who belong to it, are Dr. D. S. Smith, Dr. A. E. Small, Dr. R. Ludlam, and Dr. E. M. Hale.

New York State Homœopathic Medical Society.—The nineteenth annual session will be held at Albany Tuesday, Wednesday, Thursday, February 8, 9 and 10, 1870. Homœopathic physicians from other States are invited.

"Regular Physician."—An announcement having been made that a new medical society was in progress at Washington, T. S. Verdi, M. D., a homœopathic practitioner of that city attended the meeting and enquired what the term "*regular*" in the announcement meant. He was informed "*allopathy*." Dr. Verdi then withdrew and published an excellent communciation on the subject in the "*Washington Intelligencer*." He showed that a practitioner is to be considered regular when he has complied with all the regulations, and received the diploma of the college incorporated by the Legislature of the state. His protest against proscriptive allopathy was well timed.

A Good Law.—The Erie County Pa. medical society have drawn up a memorial to be presented to the Legislature, asking for the extension of the law regulating medical practice in certain counties, to Erie, Crawford and Venango. The object is to prevent the inroads of traveling "Professors" and "Doctors," who promise to cure every ill that flesh is heir to.

Cleveland Homœopathic Hospital College.—The commencement exercises of the present term will be held in the College building, Wednesday, February 16th. At 10 o'clock A. M. there

will be held in the main lecture room a special meeting of the medical men and of all others interested. The following question will be presented for free and general discussion, viz: "To what extent are Opium and Alcohol to be used in the treatment of Medical and Surgical cases?" 2 o'clock P. M. the graduation exercises will take place: Address, by Rev. T. K. Noble; College diplomas presented by President A. O. Blair; Valedictory address, by Prof. N. Schneider; Presentation of Hahnemann diplomas, by Vice President Prof. J. D. Buck; Address in behalf of the Hahnemann Society, by Prof. T. P. Wilson. In the evening the faculty will give a banquet in honor of the graduating class.

The Chicago Academy of Medicine.—We learn from the "*Chicago Republican*" that the regular meeting of the Chicago Academy of Medicine was held at the Hahnemann College Jan. 25th, 1870, on which occasion appropriate exercises celebrating the annual meeting were given.

There was quite a large attendance of ladies and gentlemen, and considerable interest was manifested in the proceedings.

The meeting was called to order by Dr. R. Ludlam, the President of the College, and after transacting the usual business of minor importance Dr. T. S. Hoyne, the Secretary, read his annual report.

SECRETARY'S REPORT.

The following papers were read before the Society since its organization last April:

State of Homœopathy in Europe—Dr. J. Davis.

Vertigo—Dr. T. S. Hoyne.

Report of a case of triplets—Dr. F. A. Lord.

A new skin disease—Dr. Dorian.

Retained placenta in abortion—Dr. S. P. Hedges.

Measles—Dr. Dorian.

Dysentery—Dr. C. C. Smith.

Skin diseases—Dr. J. Davis.

Potencies or dilutions—Dr. R. N. Foster.

Cement itch—Dr. Dorian.

Analysis of the different kinds of water cement—Dr. Welsh.

Cholera infantum—Dr. A. E. Small.

Affections arising from spinal irritation—Dr. S. M. Fletcher.

Hydrocephaloid affections—Dr. F. A. Lord.

Dynamization—Dr. Colton.

Strangulated hernia—Dr. Westfall.

Scarlet fever—Dr. C. C. Smith.

Erysipelas—Dr. S. M. Fletcher.

Trichinosis—Dr. Mesick.

Seven clinical cases were presented to the Society during that time, and one pathological specimen. Two microscopical exhibitions were also given.

There have been eighteen regular meetings held by the Society, all of which were well attended.

At the conclusion of the Secretary's report the President, Dr. Ludlam, delivered

THE ANNUAL ADDRESS.

The President began by saying that a recent writer had defined truth to consist in "fidelity of representation." He should not attempt to decide whether the virtue of veracity was inherent in human nature. There was, however, such an evident lack of it in the sick and suffering, as well as among the well, that the Doctor said he had been induced to select for his subject, "*Lying as a Symptom of Disease.*"

It was one of the knottiest problems that a physician had to solve, whether the symptoms complained of by the patient were spurious or genuine, and it was very difficult sometimes to differentiate between signs that were really significant of certain diseased states or processes and others which were deceitful and mischievous. It was, therefore, frequently the case, though contrary to commonly received opinion, that infants were more easily treated than adults, for in the one case the patient's imagination or inclination did not color or mislead, while in the other they were apt to do both. Although, according to the authority of some writers, the child is a "born liar," yet keep the tongue quiet, and the symptoms would then be more truthful. The doctor may be deceived through the mouth of the nurse or the mother, but that is his own fault, and neither human nature nor the baby are accountable for the consequence. Consequently the disadvantages sometimes felt because the patient cannot speak and detail its sufferings is compensated for by the impossibility of deception on its part, even if it were so disposed. By this arrangement the speaker thought more was gained than lost in the analysis of the symptoms presented or expressed.

He then proceeded to show how the medical history of feigned diseases afforded a curious and instructive illustration of his subject, and humorously referred to the hundreds of soldiers who during the late war preferred to risk the dangers of the hospitals, and to run the gauntlet of the doctors—a thousand times more imminent [laughter]—than the march or bodily exposure in the conflict. These skulkers would counterfeit all kinds of diseases with such consummate art as to deceive the surgeons, and would bear every variety of harsh treatment rather than go to the front. He then related how one of this class of rogues has pretended that he had lost his voice, and succeeded so well in the deception that for years he had been employed as a cook, during which time he had never been heard to speak aloud. Happening to be placed under the influence of chloroform, he swore like a pirate and thus exposed his deceit.

The speaker cited the instances in which men feigned diseases to escape the ends of justice, and how frequently murder-

ers feigned insanity so successfully as to deceive both doctors and jury.

Both in hospital and private practice the same diabolical element of deception served to confuse and mislead the physician. Human nature was much the same the world over, and doctors had much to do with it. Lying might come of original sin or otherwise, might be ingrain or incidental, pre-natal or post-natal, a predisposition, a propensity, or a possibility with all, but when ill it is very apt through word or act to give color to the symptoms of the patient. Thus patients deceived others and often themselves; for a sick man might lie to himself and not be able to detect it. Among the lame and lazy there were thousands of cripples who were hoaxing themselves.

The Doctor then gave a description of a young lady who fell sick with the ordinary symptoms of spinal irritation, and who complained of a loss of power to move the left arm, then the right, and finally the whole body. The sympathy and charity of her neighbors was drawn upon for eight years, until the nurse finally pointed out the fact that when left alone she would get possession of things that were far away from her. She was then told that the family were going to leave for a short time, but by preconcerted arrangements she was watched, and in less than ten minutes was seen to walk alone without difficulty. Surprised in the act, the spell was broken, and she recovered immediately.

It was well known to physicians that the tendency of hysteria to imitate other diseases was a deceit, and was often so successful as to puzzle the best diagnostician and to disappoint the most skilful practitioner. It not only counterfeited but complicated other maladies. With women of a hysterical disposition this was particularly so; which fact the doctor illustrated at considerable length, by shewing how they were affected by certain diseases, so that the wits of the physician were taxed to the utmost to distinguish between those symptoms which were facts and those which were fiction. The most noisy and clamorous symptoms were not the most significant or perilous, and with such cases it might be usually inferred that the more dust the more danger.

Under the circumstances, the verbal and objective signs were untruthful. They were wanting in "fidelity of representation." They introduced the lying element into the record, and hence arose the difficulty of detecting them. There was a species of harmony and consistency among the legitimate symptoms of disease. It was the equivocal and accidental incongruities that revealed the workings of the mischievous elements of which he was speaking. It was not unusual now-a-days to meet persons the tint of whose hair and whiskers did not match their complexion. The cheek of the belle might blaze with a ruddy glow that never came from the heart. As the dye and the paint of the beau and the belle were standing advertisements of their de-

sire for youth and beauty, so that he who runs might read, so the physician could read in certain symptoms the lie which they helped to tell, though the patient tried to conceal them. By experience and observation such things became known and understood in practical life, and it was to be regretted that the same common sense was not more generally applied by the members of all schools of medical practice in the treatment of diseases.

One of the great and essential differences between physicians, the speaker thought, was to be found in their ability to separate, to sieze upon, to interpret, and to remedy those symptoms which were truthful and characteristic, to the exclusion of all such as were fictitious, accidental and irrelevant.

The spurious symptoms resembled the over anxious witness at court — they testified to much. They were actors who overdid their parts; and exaggeration was always therefore to be considered a suspicious element and should be watched. The hysterical subject was addicted to hyperbole. This the Doctor clearly illustrated by several humorous and entertaining passages. The physician who does not understand these cases may often add to the alarm they occasion, and be more harmful than helpful. Sometimes patients will die for lack of knowledge on the part of the physician.

The Doctor concluded with an eloquent peroration showing that while moralists wrangled about the origin of lying and playing foot ball with each others theories, and while doctors were puzzled and quacks aglow with fresh discoveries of specifics for fraudulent symptoms; while human motives were unchanged and the nervous susceptibility of patients made them affected by the contingencies the doctor could not avert; while lying was perpetrated so coolly and constantly; while fact was secretive and stubborn; that for these very reasons the true physician should be more careful and charitable, observant and tractable, earnest, zealous, prudent, faithful, not easily deceived, but willing and anxious to learn more and more the symptoms of whatever concerns man in a curative or medical way.

The Doctor concluded amid applause, and after transacting some unimportant business and some closing exercises, the meeting adjourned.

PERSONAL.

Kuechler.—We regret to hear of the serious illness of C. F. Kuechler, M. D., of Springfield, Ill.

Cullis.—Charles Cullis, M. D., the worthy founder of the "Consumptives Home" at Boston, has been sick with inflammation of the lungs. We trust that he will be speedily restored to health, and that there remains for him a career of still more extended usefulness.

Shirley.—We are informed that G. Y. Shirley, M. D., of Jacksonville, Ill., is in such a failing state of health that he cannot read. We all sympathize with him.

Collins.—H. A. Collins, M. D., of Springfield, Mass, is seriously afflicted with pericarditis.

Grauvogl.—V. Grauvogl, of Nuremberg, has been decorated with the cross as Knight of Royal Order of Vasa, Sweden.

Sanborn.—Dr. Sanborn, an esteemed physician of New Haven, Ct., has recently abandoned the uncertainties of allopathy for more successful homœopathic science.

Hunt.—De F. Hunt, M. D., a graduate of New York University, has recently located at Grand Rapids, Michigan; office No. 40 Monroe street.

Reed.—Jacob Reed, Jr., M. D., has removed from Grand Rapids to Philadelphia. Michigan can hardly spare so good a representative of the practice. He is an accomplished obstetrician, prepared for any emergency, a skilful surgeon and thoroughly posted up in pathology and therapeutics as well. He was making his mark at Grand Rapids, having a splendid practice; but Philadelphia offered him, we suppose, a more attractive field of labor.

Aikman.—Dr. P. A. Aikman, a former student of Wm. Springer, M. D., of Ingersoll, graduate of the St. Louis Homœopathic College, 1869, and Licentiate of Canada, has located at Windsor, Ontario, opposite Detroit.

Westfall.—B. R. Westfall, M. D., of Macomb, Ill., designs going to Europe for his health. Instead of discontinuing the OBSERVER as some might do, he desires it to be sent regularly, and remits his subscription. We trust that he will be completely restored by his travels, and that we shall have the pleasure of welcoming him back.

REMOVALS.

Cheever.—Dr. T. A. Cheever, from Peoria, Ill., to Champaign, Ill.

McCorkle.—Dr. T. N. McCorkle, from Perry, Ill., to Naples, Ill.

Poulson.—Dr. P. W. Poulson, from San Francisco to Council Bluffs.

Brown.—Dr. Jos. D. Brown, from Pittsburgh to Newport, R. I.

Keener.—Dr. H. N. Keener, from Pana, Ill., to Springfield, Ill.

Mitchell.—Prof. J. J. Mitchell, from N. Y. City to Newburgh, N. Y.

Johnson.—D. A. Johnson, M. D., from Boston to Chelsea, Mass.

MARITAL.

McGeorge—Pullen.—Wallace McGeorge, M. D., and Miss Anna F. Pullen, were united in the bonds of wedlock, at Hightstown, N. J., on Sept. 15, 1869.

Scott—Werner.—By the Rev. Geo. Field, on Dec. 8, 1869, at the residence of the bride's father, James L. Scott, M. D., to Miss Annie M. Werner, all of Coatesville, Pa.

Merryman—Utter.—By Rev. Dr. J. R. Kenric, at New York City. Nov. 10, 1869, T. J. Merryman, M. D., of Aledo, Ill., to Miss Abbie J. Utter, of New York City.

Smith—Waterman.—At the residence of the bride's father, on Thursday evening, January 20, 1870, Rev. O. B. Stone officiating, Dr. J. M. Smith to Miss Maggie T. Waterman, both of Lafayette, Indiana.

The *Daily Journal*, of Lafayette, says:—"Dr. J. M. Smith, the new partner of Dr. Waterman, and Miss Maggie, the accomplished daughter of the latter, as will be seen by announcement in another column, have

formed a matrimonial co-partnership (unlimited). May their happiness and prosperity be dealt out to them in "allopathic," and adversity in "homœopathic" doses." To all of which we respond, "so let it be," at the same time demurring to the idea that homœopathy is a small thing.

NEW LOCATIONS.

St. Louis, Gratiot Co., Michigan.

Write to S. S. Hastings, Esq., there. He says: "This is a good point for a physician. The magnetic fountain here brings in a large number of sick people. Many of them stay a number of months, and most of them seem to have plenty of money. The number of visitors increases fast, more this week than ever. A good physician would have a great deal of work to do among these patients. We have three daily line of stages: one from St. Johns, one from Saginaw, and one from Midland. There is one homœopathic physician at Alma (Dr. Lutz), $4\frac{1}{2}$ miles from here, none nearer. If you have time, call and see this magnetic fountain; it is worth investigating."

NECROLOGICAL.

Prof. R. E. W. Adams, M. D., died of white softening of the brain, at Springfield, Ill., December 15th, 1869. He was well and widely known as a physician of vast experience and great skill. One of the pioneers of homœopathy in Illinois. Devotedly attached to the principles of homœopathy, he taught it acceptably for a few sessions in the Homœopathic Medical College of Missouri. He leaves a widow and several children. "Requiescat in Pace."

Tappen.—W. C. Tappen, M. D., departed this life at De Kalb, Ill., on November 10, 1869.

Clarke.—L. E. Clarke, M. D., of Sandwich, De Kalb Co., Ill., died in December last, of consumption.

MISCELLANEA.

Bromide of Potassium.—We direct the attention of our readers to the elaborate pathogenesis of *Kali brom.*, by Prof. E. M. Hale, which is commenced in the present number. He has expended much labor upon it, and we expect that it will be appreciated by the profession.

Stiletto Swallowed.—On Wednesday, Jan. 20, 1870, a babe of twenty months swallowed a piece of steel two inches and five-eighths long, three-eighths of an inch wide at its widest portion, and one-eighth of an inch thick, tapering to a sharp point (a stiletto used in embroidering), and weighing over one-eighth of an ounce (67 grains). Its mother consulted several physicians: one proposed to give the child a powerful emetic, which he said would bring the instrument to the throat, when he would extract it with forceps; another dissuaded her from such an operation as hazardous and impracticable; a third agreed with the second. To the parents great joy the instrument passed from the bowels within 48 hours, point downwards, having occasioned neither pain or inconvenience.

The Weather.—JUNE IN JANUARY.—The *New York Post* says: If ever the weather was a proper or justifiable topic for remark, it is now.

To-day, January 27, is a May, or, more rightly, a June day; the season has been the strangest known for many years; southerly winds have prevailed in this part of the country to a degree unknown in other years at this season.

When it storms we have rain instead of snow; every storm so far, during the winter, has cleared off warm; and the ground is as free from frost, to-day, in the suburbs of New York, as it usually is in May.

Such untimely weather is not healthful. Colds have been very prevalent this season, and have often produced serious effects. Inflammation of the lungs has been unusually fatal; and those whose lungs are tender will do well to use extraordinary precautions against sudden changes in the temperature.

Weather prophets tell us that we may look for very severe weather in March and April. The ice-men are hoping for at least one hard and lasting frost, to enable them to lay in their stock. It may be useful to remind those who think the winter is over that two years ago there was good sleighing on the 12th of April; and the cold weather lasted for some time after that.

In Boston it is said that the *Viola tricolor* is in blossom in outdoor gardens. Here (in Detroit), we have cold weather, with but little sunshine, and clear ice a foot in thickness.

A home for Consumptives has lately been established just out of New York city, in Westchester county. This institution was started by a society of influential men under the patronage of the Episcopal church. The best medical aid is employed, and everything done that can be for the comfort of the patients. Rich and poor are admitted alike, without regard to religious opinions.

Juglans cinerea. Dr. A. E. Horton promises further reports of the use of *Juglans c.* in skin diseases. Will other correspondents write of this also?

Compulsory.—Nelaton, the French Surgeon Senator, proposes a legislative enactment to make Parisian doctors get out of bed when they are sent for at night by casual patients. At present it appears that physicians of that city commonly refuse to lose a night's rest for any except their regular clients.

Hall's Journal of Health has accomplished a good work. It is published at 176 Broadway, New York, and special inducements are offered to new subscribers. See advertisement.

A St. Louis correspondent furnishes the following item:

"**The Occidental**" has breathed its last. Mr. Hogan, the publisher, having given up the agency of the Homœopathic Mutual Life Insurance Company, concluded that the little honor, and less money, in its continued publication would not justify the necessary expenditure of time; so, without endeavoring to have any one take hold of it, he let it drop, and intends returning subscribers and advertisers their remittances *pro rata*. At

the time of its demise the journal was self-sustaining, and any new subscribers added to the list would have been clear profit. The difficulty has been with it that not a sufficient amount of interest was taken in it. Nobody ever had matter ready. Everybody promised an article in time; oh, yes! but somehow they overlooked it. The field is again open for a "Domestic Journal," and it's to be hoped whoever goes into the next similar enterprise will profit by the example furnished by the "*Sun*" and "*Occidental*."

Case of Catarrh.—A correspondent in Minnesota writes: "I believe that I have within two months past received pay in full for my investment in the Observer the last three years. I will explain. In the Nov. no. C. A. Williams M. D. reports four cases of catarrh cured by him. I have a girl 12 years old that had been troubled for four years with symptoms similar to case No. 4. there was no hemorrhage. Using *Hydrastis* as a wash and *Hepar sulph.* and *Arsenicum album* internally, the foul smell has left and other symptoms are improving." [We have found that *Arsenicum* alone will cure these cases. E. A. L.]

Stimulation unnecessary.—It is said that Mr. Spurgeon's attack of small-pox has abated; but a visitation of gout has prevented him from visiting Paris. A correspondent of the *National Baptist* says, "his health has certainly not been benefited by a return to the use of wine." We are intimate with a physician who does not lose a patient a year by death who never resorts to stimulants of any kind.

Climatology.—*Editor of the Observer*:—Permit me through your columns, to say that I propose to write a work on the relations of climate to health, in which I shall discuss the sanitary influence of every section of the United States. Wishing to avail myself of every aid to accuracy, I desire to receive communications from careful observers, as to the special effects of the climate in which they may reside. Full credit will be given for any information thus obtained.

Direct to Dr. H. P. GATCHELL, P. O. drawer 46, Kenosha, Wis.

Kenosha, not Racine.—Prof. Gatchell writes: "Allow me space to say that I am near Kenosha, *not Racine*. The notice you were so kind to give me in your last, was in that particular erroneous."

Women to be admitted.—The Regents of the University of Michigan have voted (with only one dissentient voice) to admit women to the University.

Glycerine as a Substitute for Alcohol in the Preservation of Zoological and Anatomical Preparations.—The author, Dr. Koller recommends concentrated glycerine as being cheaper, not liable to evaporation, not combustible, and moreover, as better presenting the natural color of various preparations usually kept and preserved in alcohol.

Clinical Observations.

W. S. SEARLE, M. D., BROOKLYN, N. Y., EDITOR.

TYPHOID FEVER.

Hæmorrhage from the Bowels and Death.

On Nov. 3d I was summoned to the bedside of Miss A.—R—æt 21. I found a goodly physique, suggesting health and strength at the first glance. She was in bed, however; so weak as scarcely to be able to speak, and so drowsy as to fall asleep while trying to tell her story. Pulse 120; skin soft and moist from gentle perspiration.

I learned that she had been teaching a “district school” in the country, all summer; and had assisted in the care of a brother who was now convalescing from “Brain fever.” (Typhus cerebialis?) About two weeks since she had come to the city and had passed the first week in moderate “sight-seeing,” but had to give it up because of frontal headache, and increasing weakness. She had been constipated but this had ceased, she had “missed her courses once, and was two weeks over.” The family had nursed her during the second week; and finding her no better had called me in.

Turning to the patient, I found the tongue moist, grayish-white on the edges, but with a dry, brown streak in the middle. The bowels presented no tympanitis; no boggy feeling to the hand; and no sensitiveness to pressure; but this did not mislead me, for her dullness—almost stupor—might explain it. Announcing to the family my anticipation of a course of mild typhoid fever, I left Rhus. 1 and Bry. 3 to be given, alternated every hour and a half. Gruel or cracker panada and tea for diet.

My next visit—after 28 or 30 hours—was in the afternoon. She had passed a quiet night with occasional waking. In the morning had noticed what was going on in the room, talked somewhat, and, at some sallies of wit had laughed, but had soon fallen away again into somnolence. Her pulse was now 108. The tongue had lost its brown streak, and was less coated than

the day before. Her mind had been, and still was perfectly clear. Her attendant sister told me "my medicines had made her regular, and she was very free;" it had appeared when she was helped up. But inspection of the "chamber" showed it half full of liquid blood of an offensive urinal and fæcal odor. I again examined the skin, pulse and abdomen. The first was moist and less warm than on the previous day, and showed no sudamina; the pulse was 108; the abdomen not more sensitive, but I thought it felt boggy.

I left Nux and Rhus to be taken at intervals of an hour and a half, and urged increased nourishment.

The next morning I saw my patient earlier and felt encouraged to find her mental state clearer. She had been chatty, part of the time; had gone to the other side of the bed; the pulse was 80; the skin pleasantly cool and pliable, exhibiting a few minute sudamina; the tongue grayish-white with a small clear patch in the middle that was not *red*, but of a normal tint. But the hæmorrhage was greater. At intervals of from four to five hours, she had more than half filled one vessel, and about one third filled another. I requested that she should pass her urine separately if she could, and that all should be set aside for inspection.

Immediately on my departure she passed urine at 12 M., and rested comfortably during the P. M. About 6½ P. M. she wished to rise, and was assisted to the closet stool when the hæmorrhage was so great as to alarm her sister. At 7½ a messenger was sent for me but on my arrival (about 8½) she was dead.

During the entire sickness, on the cessation of the headache of the first week, there had been entire exemption from pain, subsultus, high fever, restlessness and never delirium. Indeed there were none of the ordinary signs of typhoid fever, except a very slight cough, the brown streak on the tongue, and the dull expression of the face.

I should like much to hear what can be said on this—to me—extraordinary case.

REMARKS BY THE EDITOR.

"Let him who is without sin among you cast the first stone," said our Lord under well remembered circumstances. And where is the physician who learns no useful lesson from his failures. For one we have long ceased to indulge in unavailing regrets over the fatal termination of a case, believing that when the event has occurred, nothing can be more certain than

that the patients "time to die" had come, and that no means could have averted the catastrophe. But this does not excuse us from learning the lesson of experience, and giving other patients the benefit thereof.

In this light let us study this case.

Probably no one will doubt that this was a genuine case of typhoid fever, but it is essential that we should early appreciate that such forms of it rank among the severer rather than the milder cases of this disease.

Perhaps no acute affection presents us with a greater variety of development, depending for its peculiar shades upon the portion of the organism most prominently attacked. We have seen an instance where the cerebro-spinal centres seemed to bear almost the entire brunt of the disease, and no cerebral symptom was manifest except obstinate wakefulness. The patient hardly had his clothes off except at night, and yet when convalescence set in at the end of three weeks, the bluff, robust and healthy man had become as pusillanimous as a child. He was like a rat shaken by a terrier. Again the lungs will seem to suffer most, and yet again the brain, or the abdominal organs. The case before us took the latter type. The brain, spinal cord, and lungs gave very few signs of suffering.

Again we may note that the gravity of the symptoms which did present themselves, was enough to make the very absence of the usual complimentary ones a ground of alarm. It is a common remark that patients who complain the most are in the least danger. "The child is cross, and therefore is recovering." This as a general rule is true, and finds illustration on the one hand in the malignant forms of zymotic diseases, and on the other, in our ever complaining and often acutely suffering hysteric and neuralgic patients. But there are exceptions to this rule. The robust, vigorous, mature organism attacked suddenly and violently rebels against its tormentor, and the conflict is terrible, while but few symptoms mark the struggle when the patient is less vigorous or the disease more virulent. An illustrative instance occurred in the writer's own family circle. A very robust young lady was suddenly seized by typhoid fever. For the four or five first days her sufferings were awful. Every nerve was in a state of the most extreme hyperæsthesia, but then nature virtually gave up the useless struggle, and a condition of as complete anæsthesia obtained: from that time till death the patient would not allow that she suffered a moment of pain.

In the case under consideration, the patient either had less vitality or the disease was more severe. The absence of delirium, the soft, moist skin, and the feeble, flagging pulse tell us moreover that the sympathetic rather than the cerebro-spinal centres were the focus of the attack.

Where was the source of the hæmorrhage in this case? It is usually referred to the ulceration of "Peyer's patches." But a

careful consideration of the conditions of the problem leads us to think that it resulted from passive hyperæmia of the mucous membrane of the bowels, and transudation consequent upon a paralysis of the vaso-motors. This supposition acquires more probability when we remember the appearance of the tongue.

It is well known that this organ sympathizes very quickly with the varying condition of the ulceration of the intestinal glands in typhoid. Now the tongue in this case, was moist, its coating grayish-white, and not redder than is normal where the coating had disappeared.

Again ought not hæmorrhage to be a more constant symptom of so constant a lesion as the ulceration in this disease?

So much for the *rationale* of this interesting case. Now for the treatment.

And here we are tempted to copy the compound observations of Wurmb and Dunham, from an article by the latter in the *Am. Hom. Rev.* vol. VI. We doubt whether they have ever reached the eyes of the large majority of our readers, and they contain such admirable common sense with such masterly analysis that they should be in the hands and heads of every physician.

After noting the characteristics of Rhus, Dunham quotes as follows:

"In the event, however, of the development of a higher grade of erethism, we have not, generally, long to wait. In this case it is possible that Arsenicum will be our remedy. For Arsenicum as we shall see by and by, affects both the vascular and nervous life on the one hand, and the blood composition on the other hand. It acts with almost equal energy on the vital forces and on the organic substance. It is hence appropriate for such a form of fever as that described as requiring Rhus," viz: the erethistic typhoid. "*But* Arsenicum acts with greater energy, with a wider swing and deeper penetration than Rhus. It perverts more thoroughly, excites more profoundly the vital functions; it alters more completely the blood and the organic substance than Rhus does. It is therefore appropriate for more malignant epidemics of fever—for more severe cases of the same form of fever than Rhus.

"Thus, as regards the erethistic form of typhoid fever, a group is formed consisting of Rhus and Arsenic, which, instead of being contrasted as Rhus and Phosph. acid are analogous and allied. They stand related to each other as *less* and *greater*—Rhus being the *less* and Arsenic the *greater*.

"But if the fever changes from the erethistic into the torpid form, then Phosphoric acid will probably be required as the correlative of Rhus, as, if the torpor be extreme, Carbo veg. may be required as the correlative of Arsenic.

"To show now the applicability of Rhus. to the form of fever which has been described, Wurmb proceeds to say:

"If we hold up beside this picture of the disease, the picture of the action of *Rhus tox.*, so striking is the similarity that it will not be easy to mistake it. They agree, not alone in this—that in both the same symptoms and groups of symptoms appear—but also that they have in both the same significance. The similarity is therefore not simply apparent: it is real. For as in typhus the blood life is especially affected, the same is the case in the *Rhus* disease. As in typhus, by reason of the changes in the blood, a violent excitement occurs in the vascular symptom, the same is the case with *Rhus*. As in typhus the sensorial functions are depressed, and in consequence of this depression the imagination is unchained and the representations of the general preceptive faculty no longer correspond to the phenomena upon which this faculty is exercised; as in typhus the mucous membranes, especially those of the intestinal canal in which deposits and irritations never fail, are especially involved; in short, just as typhus, in spite of the erethism which is present, is an *adynamic* morbid process, in the exact sense of the word, and tends to produce, even in the beginning, a decomposition of the blood and an exhaustion of the vital force—the very same is true, in all these respects, of the morbid affection produced in the healthy subject by *Rhus tox.*

"The morbid condition corresponding to *Phos. Acid* agrees in essential points with that which requires *Rhus*. In both we find the same relations to the blood and nerve life: the same tendency to decomposition of the blood and to waste of the forces; the same changes in the mucous membranes generally, but especially in that of the intestinal canal.

"The difference between them consists in this: that in the *Rhus* affection there is more prominent an erethism of one portion of the vital phenomena, and a depression of another portion. *A one sided excitement* and a *one sided depression*, whereas, in the *Phosphoric acid* affection there is a *simultaneous* depression, letting down, atony of the *entire series* of vital phenomena.

"Whereas, in the *Rhus* affection we see excitement and over activity in the functions of *vegetative* life, and simultaneous depression in the functions of *animal* life, we see in the *Phos. acid* affection simultaneous and *immediate* depression in both of these departments of the patient's organism. Generally this depression appears in the very beginning of the sickness, though not always, for sometimes partial phenomena of excitement usher in the disease. These, however, are of short duration and very moderate intensity, and after their disappearance, the *torpid character* of the attack is all the more distinctly perceptible.

"Cases of this kind are most frequently observed in debilitated subjects who have passed the prime of life; they require a longer time for their development into a distinct form of disease. Thus, for example, there are often noticed loss of appetite, general feeling of illness and a host of preliminary symptoms which

indicate an impending illness but give no clue to its particular form and character — these, for weeks together, before the peculiar and really important symptoms set in which assure the diagnosis. When these latter have at last made their appearance we observe the following:

The sensation of illness and prostration speedily reach a very high grade, and *pari passu* with these sensations, goes an actual want of power. And hence the patients, even in the beginning of the malady, are content to lie quiet, because every movement is a heavy tax upon them.

“The disturbances in the vascular system do not advance in the same ratio, but lag behind. The pulse is often accelerated, it is true, though sometimes it is not, and, in the former case, it is generally feeble and small. The temperature is but seldom elevated; indeed it sometimes sinks below the normal grade. If it is increased, it is confined to isolated parts of the body, especially the head, while other parts, the extremities in particular, are cold to the touch. The patients, hence, are pale, or have only sometimes a flush. Hæmorrhages as, for example, from the nose, are much more frequent, but they afford no relief, nay, they commonly aggravate the condition of the patient. Ecchymoses are likewise common occurrences, and these are particularly apt to occur on the parts on which the patients lie, livid spots which, at a later period, become sloughing bed-sores.

“The patients lie, for the most part, in a constant slumber, which is apt to pass into stupor, the expression of the face is stupid; the sensorium is oppressed; the delirium, if it exists, is never lively or active; it takes the form of muttering. If the patient be aroused from his stupor, it takes him a long time to come to his senses; he looks around in a kind of dull, stupid wonder; answers slowly, even though correctly, and soon sinks into his former apathetic condition. The special senses become dull, especially the hearing. The patients are influenced and affected by nothing. They complain of nothing but weakness and confusion of the head, &c. &c.

“This state of things may pass into convalescence, or merge into a higher grade of torpor. If the latter change takes place, then it is probable that *Carbo veg.* will be the remedy indicated. For just as we have seen that in the *erethistic* form of typhoid, *Rhus* and *Arsenic* bear to each other the relation of *less* and *greater*, so, in the *torpid* form, do *Phosphoric acid* and *Carbo veg.* bear the same relation. The proving of *Carbo veg.* is the very type of an *asthenic* and *torpid* pathogenesis.”

Although they have no special bearing on the case in hand we are tempted to add to this beautiful analysis the indications for *Rhus* as given by Wurmb.

“The epidemics in which *Rhus* is appropriate cannot be called very grave or severe ones. The disturbances in the vascular and nervous system are never excessive, and the tendency to

the decomposition of the organic substance is not very striking. The appropriate remedies, therefore, are such as in large doses act powerfully on the life of blood and nerve, it is true; pervert the latter, but do not suspend it; cause disturbances in the vital chemistry, but do not entirely supersede it. The fever, for the most part, comes on suddenly, runs a rapid course, and reaches in a few days a high degree of development. At the same time with the disturbances in the vascular system, there is felt a strong sensation of illness which advances at a more rapid rate than the other symptoms do. The actual debility is not so great as the sensation of debility, for tolerably rapid and forcible motions are still capable of being made. (N. B.—During convalescence, the contrary obtains. The patients take themselves to be stronger than they really are.)

“Soon, however, the forces fail; movement becomes feeble and difficult. They complain of aching in the limbs, and sometimes of violent pain in some joint or other, as in rheumatism.

“Soon, associated with these disturbances, come irregularities in the vascular system. At first fugitive chills and heat; but especially heat of the head; at a later period the heat predominates, and at last it becomes continuous and violent. There is rush of blood to the head; the temperature is elevated; the face is burning hot; the eyes shine and are moderately injected; the cheeks, lips and tongue are of a deep red color; the thirst is very great; the pulse 110 to 112 in a minute. Even at the beginning of this vascular excitement hæmorrhages occur.

“The symptoms of a change in the composition of the blood appear in a moderate degree, and somewhat later. There appear upon the skin small ecchymoses; the expectoration has a bloody tinge: the stools rarely contain blood; but epistaxis affording relief to the head, and a flow from the female genitals, producing no change in the condition of the patient, may occur.

“The nervous functions are always powerfully affected; they are oppressed and restricted. The organs of sense are in a condition of over excitability; there is great sensibility to light, noise, &c. At a later period comes the atonic condition:

“The sensorium is oppressed, and ratiocination is difficult even in the outset. Later, incoherence is manifest. The patients mutter or talk to themselves, or they are disgusted by very lively phantasies especially at night.”

We have endeavored to condense the highly important observations to save space, but have given sufficient to subserve our purpose.

It will be seen that the case above reported demanded Phosphoric acid rather than Rhus or Bryonia.

May we not hope for a translation of Wurmb's “Clinical studies of typhoid.”?

DISEASES OF THE EYE, EAR AND SKIN.

BROOKLYN HOMŒOPATHIC DISPENSARY CLINIC.

W. S. Searle, M. D. Attending Physician.

CASE I.—Oct. 13th 1869.—Henry McGuire 8 months. Terribly emaciated by cholera infantum; has herpes all over the buttocks, belly, and upper thighs; also scrofulous ophthalmia, great photophobia and lachrymation; also stomatitis. Stools green, slimy and offensive. Nurses. *R.* Sulph.³⁰ at night; Ars.³⁰ 3 t. d.

Oct. 18th—Mouth well, bowels better; stool yellow, fæcal and offensive; herpes much less; eyes no better. *R.* Ars.³⁰ every three hours.

Oct. 22d—Herpes gone; stool yellow, and not so offensive; opens his eyes a little in the “gloaming.” *R.* Ars.³⁰ at night; Calc. c.³⁰ 3 t. d.

Oct. 27th—Keeps his eyes open in the house now; they itch; skin clean; is picking up finely. *R.* Sulph.³⁰ 3 t. d.

Nov. 3d—Eyes about the same; stool yellow, watery and offensive again; small in size and 3 t. d.; hard, dry cough at night in paroxysms; very irritable; *R.* Ars.³⁰ every 3 hours.

Nov. 7th—Much better; keeps his eyes open now. Stools more natural. *R.* Ars.³⁰ n. and m.

Nov. 24th—Perfectly well except a small nebulous spot on the right cornea; sweats much on his head and is teething fast. Calc. c.³⁰ 3 t. d.

Feb. 14th—Well, fat and strong; nebulous spot disappearing.

CASE II.—Sept 20th 1869.—Wm. Ely, æt. 7 years; born in England; an adopted child; very scrofulous; large head, translucent eyes, fine skin and large glands; has had eczema of the scalp on the occiput and neck for two years; a moist, matted and disgusting mass. Was suppressed once for a week only. *R.* Sulph.³⁰ at night, Calc. c.³⁰ in morning.

Oct. 4th—Nothing left but dry scabs. *R.* Calc. c.³⁰ om. nocte.

Oct. 18th—Entirely well; skin perfectly smooth and general health excellent. Mother delighted, and promises immediate return should the eruption show itself again.

Feb. 15th—She has not returned.

CASE III.—Mary Bryson, æt. 11, born in Scotland.

Sept. 3d.—She has had scrofulous ophthalmia for six weeks; in the right eye we find scleritis with ulcer of the cornea; in the left a leucoma; some photophobia; bowels costive and then loose; appetite variable; considerable heat and lachrymation.

℞. Ars.³ alternately with Bell.³ every 2 hours.

Sept. 8th—Better; ulcer diminishing; cornea clearing; less scleritis; some frontal headache at times; blonde complexion and light hair. ℞. Euphrasia¹ alternately with Bell.³ every 2 hours.

Sept. 13th—Slowly improving. ℞. Sulph.³ at night.

Sept. 20th—Two days ago seemed well—now as bad as ever; bowels regular; appetite good. ℞. Calc. c.³⁰ alternately with Ars.³⁰ every 3 hours.

Sept. 29th—Nearly well; a broad thin band of pale red blood-vessels from the lower segment of the cornea extends downward. The mother now says she blames the dark, damp house where they used to live for the disease, as there is nothing of the kind in the family. ℞. Rhus.³ 3 t. d.

Oct. 15th—Entirely well except a nebulous spot on each cornea. ℞ Calc c.²⁰⁰ night and morning.

Nov. 22nd—No change; has headache over the root of the nose every forenoon. ℞ Hepar s.³⁰ every night.

Jan. 3d—1870. Well, except slight remains of the *nebulæ*.

REMARKS.—I am testing high attenuations in the above-named Dispensary with, at times, brilliant success; and, at others, quite as brilliant failure. One thing is certain: it is quite possible to prove *a priori* that high dilutions are mere moonshine, and their usefulness as remedies impossible, and then to turn around, as has been done above, and see brilliant recoveries under their use.

Diagnosis of Death by the Pupil.—Mr. C. M. Jessup, p. 71, Braithwaite's Retrospect, January, 1870, says: "If a fully dilated pupil is found in connection with the cessation of the respiration and the circulation, we may safely conclude that life is extinct, and that the process of artificial respiration would be futile. In a case of bronchitis in a child, death had apparently suddenly taken place, but the pupil remained contracted, and artificial respiration brought the patient round, with the aid of friction to the feet and legs."

Obstetrical Department.

L. YOUNGHUSBAND, M. D., LL. D., EDITOR.

PUERPERAL CONVULSIONS.

BY JOHN ELLIS, M. D.

In regard to the treatment of this form of convulsions, I read with surprise in the report of the Bureau of Obstetrics to the American Institute of Homœopathy for 1867, the following:

“I, for one, am honestly obliged to confess that the remedies as yet recommended fail in a majority of cases, on fair, impartial trial. I have yet to see a genuine paroxysm of eclampsia unequivocally and with certainty controlled by a potentized drug. Where lies the difficulty? Is it in our pathology, our *materia medica*, or our potency? For one, I would be glad to hear these significant questions discussed.”

Is it possible that the experience of a majority of the homœopathic physicians of our country in regard to the efficacy of our remedies in this disease, accords with that of the above writer? I cannot for a moment believe it, so different have been the results of my own observation. Believing that our noble cause, and the welfare of our race require it, I shall speak of my individual success in the treatment of this disease, even at the risk of being accused of speaking “vauntingly of the remedies at the disposal of the profession,” by the above writer.

I have seen in all, either alone or in consultation with other physicians, since I have practiced homœopathy, thirteen cases of “genuine” puerperal convulsions, with not a trace of hysteria. Some cases have occurred before the commencement of labor, some during its various stages, some after its termination. In several cases there were œdema and albuminous urine. Seven cases occurred with the first confinement; none had ever had convulsions during previous confinements, and, so far as my

knowledge extends, they have not occurred subsequently in a single case. The temperaments and habits have been fairly represented among my patients. Most of them have been young women; but three were over 30 years of age, and one 44, with her first child. The latter was under the care of a German midwife, who sent for me and requested me to bring my "tongs;" this patient recovered.

As to treatment: A few of my first patients who were of a full habit, I bled, but never took more than from a pint to a quart of blood. Of late years I have never resorted to blood-letting in any case. In but a single case, with the exception of the bleeding named above, and the use of cold water to the head, and hot water to the feet, was there any departure from the homœopathic law, and usual doses—the dilutions ranging from the 1st decimal to the 30th centesimal. In but one case were the prime tinctures tried, and in that the 3d dilution (globules dissolved), of *Hyosciamus* cured the patient promptly after the prime tincture of the same remedy had failed—or at least the paroxysms ceased. There was quite a lengthy interval between giving the tincture and the dilution. In the case of departure from the homœopathic treatment named above, a dose of an "anodyne mixture" had been given before I saw the patient, and she was bled, and chloroform was administered afterwards—she died; and the rest, 12 in number, all recovered. The remedies used in the different cases, were *Hyosciamus*, *Chamomilla*, *Ignatia*, *Nux vom.*, *Pulsatilla*, *Belladonna*, *Opium*; and in two cases, one a young woman of a sanguine temperament and full habit, the other slender, delicate, and nervous, in the extremity of life, when my patients were to all appearance very near death, about the fiftieth of a grain of sulphate of morphine was given after every paroxysm until they ceased, with the most satisfactory results. In five cases a resort was had to instrumental delivery. In some cases the paroxysms ceased before delivery, but in others not until afterwards. Some of my patients did not have more than two or three paroxysms, whereas others had a large number. In some instances the return of the paroxysms seemed to be prevented promptly by the action of the remedy given. In other cases, especially when labor was progressing the intervals between the paroxysms were simply lengthened, but the latter did not cease until after the delivery—sometimes, but rarely, when they commenced before the delivery, paroxysm or more followed this event.

It is not for a moment to be supposed that because we do not at once, by the use of our remedies, check the return of the convulsions, when they occur during labor, while the cause, perhaps, is still operative, that our treatment is unreliable, and that it is a failure. Do we generally check the progress of pneumonia, typhoid fever, or erysipelas immediately? And because we do not, is it an evidence that our remedies fail in a majority of cases? Certainly not; for when we compare the results of our treatment of these disease with those which follow the expectant, and all other known methods of treatment, we find the average severity and duration of these diseases less, and that the largest number of patients recover under homœopathic treatment. So when we let chloroform and allopathic doses alone, and use "potentized drugs," carefully selecting our remedies, and, when the convulsions persist and seriously endanger life, resorting to delivery by the forceps or turning, as soon as labor has so far progressed as to render delivery practicable—never attempting it before—the writer, for one, is satisfied that we can show a result far superior to that of any other method of treatment. In fact it seems to him, that, in few serious diseases are the results of careful persevering treatment more satisfactory than in puerperal convulsions.

MEDDLESOME MIDWIFERY.

The Editor of Eclectic Medical Journal says: "A practitioner does not usually obtain that knowledge of midwifery that is necessary to his and his patient's comfort until he has passed a dozen years or more. Indeed some never learn anything, because they do not find it in the books, and dare not make innovations on stereotyped practice for fear of the curse of "meddlesome midwifery."

I believe that I will be within the bounds of truth when I say, that on the average, natural labors are protracted one-half to as long again as they should be, and the woman suffers double the pain necessary. I may be answered that labor is a natural process, and should be left to the unaided efforts of the system, as thereby there is safety to both mother and child, and time is an unimportant element. To this I should reply that civilized

people have an artificial life, and that this impairs the natural function, and renders interference in many cases proper. But I do not propose that such interference shall be hazardous, or substitute artificial means for natural efforts, as this would be highly objectionable.

We may examine the management of a tardy labor with reference to the particular cause which renders it so, and will find that simple means are sufficient for the purpose.

In the first stage of labor an undilatable os is the most common trouble. The woman has sufficient pain, but it exerts but little influence.

Occasionally we will find a case where the pains are very severe and harrowing, and yet a number of hours have passed without any effect. In this case I should but the patient under the anæsthetic influence of chloroform; it need not be complete, but sufficient to relieve the suffering. Following this the pains become regular, and dilatation is rapid.

In many cases we find the os considerably dilated and dilatable, and the second stage of labor at hand, and yet hour after hour passes by without any descent of the head. I have frequently known six, eight or twelve hours to thus pass. In the majority of these cases the os looks backward to the hollow of the sacrum, and the anterior lip is directly in the way of the head to the outlet. Frequently in such case the os is reached by the finger with some difficulty, it is so far back. In this case the contraction of the uterine fibres is in the direction of the os, and consequently forces the head into and against the sacrum, and nineteen out of twenty parts of the expulsive effort is thus lost. It has been my invariable practice for a number of years to hook my finger within the os and draw the anterior lip forward to the pubic symphysis and retain it during the pain, and so continue until it is retracted over the vertex. It directly stimulates uterine contraction. It gives the force of contraction a proper direction for expulsion, and it shortens the duration of the labor one-half or more.

When the os is dilated, if the bag of waters is not ruptured, I accomplish this with my finger, as they have fully accomplished their purpose and now retard the labor. When the dilatation is considerable and the os soft and dilatable, the bag of waters presenting, the pain being feeble and inefficient, I effect

their rupture. Indeed, I think as a general rule, whenever the os is dilatable and dilatation is one-half effected, if the labor is slow, the diameter of the pelvis being of sufficient size, rupture may be advantageously effected. But when the proceeding previously named, of giving the os proper direction by drawing the anterior lip forward is accomplished, it makes less difference about the rupture of the membranes.

Chloroform is a great aid in obstetrical practice, and every practitioner should become accustomed to its use. It is less dangerous here than in any other case, if there is ever any danger in its careful administration, as we require but partial anæsthesia. An excellent method of giving it is to make a cone of paper with a handkerchief inside upon which the chloroform is dropped. The patient being partly under its influence all the time, the cone is applied over the nose when we observe the pain coming on, and removed when it is passing off. In this way the anæsthetic may be continued for hours without danger.

In the majority of cases it should not be given so that the patient will not answer when spoken to, for even to this extent they scarcely feel the pain at all, and give birth to the child without afterwards recollecting that they had any pain."

PULSATILLA IN OBSTETRICS.

By W. W. SMITH, M. D., COSHOCOTON, O.

In September, I was called to Mrs B.—to attend her in parturition. I found on entering her room that her mind was in a high state of excitement, pulse about 120, skin dry and hot, nervous temperament, fair skin. She was a woman of more than ordinary intelligence. This was her fifth child. My first effort was to calm her mind and win her confidence in me, which I accomplished in a few moments. I then made an examination per vaginum and found the presentation to be either a knee or an elbow I could not determine which. I watched every pain and presently discovered they were doing no good towards the advancement of the first stage of labor. I learned from her that the pains were seemingly tearing her in pieces, and were not centered at any one point. I put six globules *Pulsatilla* 200 in half tumbler of water stirring until thoroughly dissolved, I gave her one teaspoon-ful of the solution, seating myself beside her to watch its ac-

tion. In about five minutes she became perfectly calm and her countenance changed to a pleasant look, all pain having ceased. After this she lay perfectly calm for about ten minutes, when her countenance gave expressions of excruciating pain which lasted about one minute. At this point I made examination per vaginam and to my own gratification I found the head presenting in a natural form. I discovered her pelvis to be of small size and feared there might be some trouble in that direction. In a few moments her pains commenced in regular form and the first stage progressed rapidly until the membranes were ruptured. I watched every pain and muscle with a jealous eye, everything worked off all right until the head was fully engaged in the superior strait. There it stopped and the pains though very severe could not cause any movement farther. At this point I gave her one more tea-spoon-ful of the same solution *Pulsatilla* 200. The result was, in fifteen minutes the child was born, a noble boy weighing $9\frac{3}{4}$ lb. The placenta followed in quick succession all night. I then gave a few doses *Arnica* and in proper time departed.

The next day the husband came to me and asked if anything was wrong with his wife when I first made an examination; I told him the presentation was not right. He asked if I gave anything to change it. I told him I did. He then related to me what his wife told him had been done and just how it worked, which exactly corresponded with my own observations. Two or three times previous and several times since I have had action from *Pulsatilla*, but never so well marked as this.

FORCEPS—FREQUENCY OF USE.

The "*New York Medical Record*," referring to the use of forceps in various countries, and by different medical men, states that in

Great Britain forceps resorted to in 1 out of 249 cases.

France, 1 out of 140 cases.

Germany, 1 out of 106 cases.

Madame Boivin used them in 1 out of 214 cases.

Madame LaChapelle, 1 out of 293 cases.

Simpson, 1 out of 472 cases.

Baedelocque, 1 out of 561 cases.

Ramsbosham, 1 out of 611 cases.

Collins, 1 out of 720 cases.

Diseases of Women and Children.

PROF. THOMAS NICHOL, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD

NO VI.—PSEUDO-MEMBRANOUS CROUP.

This is one of the most dreaded and, till the advent of the homœopathic healing art, one of the most fatal of all the diseases of childhood; and even with all the resources of the Similia, the thoroughly educated physician feels some little trepidation when he finds himself face to face with a well-marked case of this disease. Here as in many other instances, immense advantage is derived from a thorough knowledge of the pathology and pathological anatomy of the disease, and when to this is joined a thorough knowledge of our Materia Medica, the homœopathic physician is better armed than the physician of any other school whatever. The contemptuous ignorance of pathology and pathological anatomy is thus keenly reproved by one of the most brilliant writers of our school: "It is because the *blind application* of our therapeutic law so often helps us when we grope vainly for the pathology that we are led into a contempt for *pathology and such allopathic studies*. As healers we might be content with our therapeutic law; but as physicians we aver it is our duty to our profession to develop its every branch. To-day we often do not know what we have cured; and while *knowing* the Materia Medica will increase our capabilities for curing, it will not enlighten us in diagnosis and pathology."

Like spasmodic croup this disease has had a multitude of names, many of which are mere misnomers. Guersant calls it 'pseudo-membranous pharyngo-laryngitis;' Rilliet and Barthez style it "speudo-membranous laryngitis," while other French writers in defence of pathology persist in calling it 'laryngeal dipther-

itis.' Fletcher of Edinburgh—most homœopathic of all allopathic pathologists—selects this disease as a specimen of the preposterous names with which nosologists have labelled disease: "Croup, which has successively borne the names of suffocatio stridula (Home), catarrhus suffocativus (Hillary), cynanche stridula (Crawford, Wederburn), angina inflammatoria infantilis angina epidemica (A. Miller), angina polyposa, angina suffocativa (Baird), asthma infantilis (Miller and Bush), morbus strangulosus, plastic inflammation of air-passages (Laennec), diphtheritis (Bretonneau), has lately been dignified with the name of deuto-frangibalus-broncho-laryngo-tracheitis-mixopio-meningitis, and this probably is but a single specimen of what we must expect if this mania be not resolutely checked." While some of these names are simply ludicrous, others are really pernicious nonsense with a tendency to mislead the anxious physician. For example, one of the most recent writers on the subject—Sir George Duncan Gibb—adopts Cullen's erroneous name of 'cynanche trachealis' and Sir Thomas Watson styles it 'cynanche—trachealis-tracheitis-croup, and adds:—"The essence of this complaint is violent inflammation, affecting the mucous membrane of that portion of the air-passages which lies between the laryngeal cartilages and the primary bronchi: in one word, of the trachea or *windpipe*. This is the genuine seat of the disease; but the inflammation sometimes ascends into the larynx; and not unfrequently it dives into the bronchi and into their ramifications." Now pseudo-membranous croup—which I conceive to be the most appropriate name—in a large majority of cases commences in the larynx and extends *downwards*, and it is comparatively seldom that it commences in the trachea and extends *upwards*, though in many cases a pseudo-membranous inflammation may extend from the bronchi to the trachea.

Pseudo-membranous croup is defined to be an inflammation by some writers, said to be specific, of the larynx or of the larynx and trachea, with occasional extension to the glottis, epiglottis, or even to the pharynx, and this inflammation is accompanied by the exudation of an albuminous or albumino-fibrinous material upon the mucous membrane of the affected parts; the cough is dry and barking; the voice is hoarse and sometimes entirely suppressed; and spasm of the interior muscles of the larynx is almost invariably present.

In the last chapter the writer remarked upon the fact that spasmodic croup is much more frequent than the pseudo-membranous variety, and it was stated that while spasmodic croup is a disease of very young children, pseudo-membranous croup generally affects those of more mature years. Cullen remarks: "This disease seldom attacks infants till after they have been weaned. After this period, the younger they are, the more they are liable to the disease. The frequency of it becomes less as children become more advanced; and there are no instances of children above twelve years of age being affected with it." The last remark is erroneous, as the disease has been seen in adults and even old people. Dr. Condie says that in Philadelphia during the ten years preceding 1845, 319 deaths were reported from croup in infants under one year; 238 in those between one and two years; 475 in those between two and five years; 112 in those between five and ten years; and six in children over ten years. Of twenty-two cases reported by Dr. J. F. Meigs, 18 occurred between two and seven years of age, while of the remaining 4, one occurred at the age of eighteen months, one at that of nineteen months, and two at that of eleven years. Instances are reported in which the disease occurred at a very early age. Morley and Cheyne speak of having seen it in infants of less than three months, and Bouchut has seen it in one only eight days old. Dr. Cheyne remarks that the younger children are when weaned, the more liable are they *cæteris paribus*, to this malady.

In contrast with whooping cough which principally affects female children, pseudo-membranous croup is more frequent among males than females; of thirty cases reported by Trousseau, 22 were males and 8 females; while of Jansecowich's twenty-two cases 17 were boys and 5 were girls. The writer's experience is, that not only is the disease more frequent in males than in females but it is more severe and more fatal, so that a little girl's chances of life are much brighter when attacked with pseudo-membranous croup than are the chances of a little boy.

Like spasmodic croup, this disease is, as Cullen remarks, 'often manifestly the result of cold applied to the body,' especially of sudden transitions from heat to cold. Professor Gölis of Vienna relates the case of a boy four years old, previously in perfect health, who having gone out of an overheated room into

the open air, during an extremely cold winter's day, was seized while walking with all the symptoms of the most violent croup, which proved fatal in fourteen hours. The disease is most prevalent during the changeful weather of winter and spring, but it is well to remark that in many cases the exciting cause is absolutely inscrutable.

Pseudo-membranous croup is, generally speaking, a sporadic disease, and though not so frequently seen as spasmodic croup, it is by no means such a rare occurrence as Cullen supposed it to be. This disease is sometimes epidemic, though these epidemics are rarely general, being usually confined to a limited locality, or even to a single house. Dr. Churchill gives the following formidable catalogue of epidemics:

"The principal epidemics of which we have authentic accounts are those of Paris in 1556 (Baillou); Cremona, in 1747 (Ghisi); Cornwall, in 1748 (Starr); Upsal, 1762 (Rosenstein); Frankfurt in 1764 (Van Bergen); Sweden in 1768-72 (Wahlbom and Bæck); Wertheim, in 1772 (Zobel); in Galicia, in 1778 (Hirschfeld); Clausthal in 1783 (Bœhmer); United States, in 1805 (Barker); Stuttgart, in 1807 (Autenrieth); Saxony, in 1807-8 (Albers); and in 1811 (Schundtmann); at Vienna, 1807-8 (Gölis) and in Maryland, in 1807 (Chatard)." During the years 1805-7 a remarkable epidemic of croup extended over the greater part of Northern and Central Europe, the most illustrious victim being the Crown Prince of Holland, the brother of the present Emperor of the French. This death occasioned the offer of a prize by the Emperor for the best treatise on the disease, and as a result of this competition, we are now in possession of a vast fund of knowledge on this special subject. Bouchut is quite certain that pseudo-membranous croup is epidemic: "Croup is an epidemic disease. This characteristic is a difficult one to establish at Paris, where most of the cases are disseminated and lost as regards each medical man who is limited to a portion of the field of public health. There, there is no general epidemic; only partial epidemics are observed developed in a quarter, in a house, or in a hospital devoted to infants. Still more must these epidemics be declared very unfrequent, for only one has been observed at the hospital for children at Paris, and that not very well characterized. The epidemic character especially reveals itself in limited localities. It is impossible to mistake it when it is observed in a province and in districts

where nothing is ignored, and where the ravages caused by this disease in the population can be closely followed." On the other hand Prof. George B. Wood writes :—"The disease has also been ascribed by some writers to epidemic and contagious influences. But, if we except the cases which are apt to occur during the prevalence of epidemic catarrh, it is only to the diphtheritic disease of Bretonneau that this remark is applicable. Original, uncomplicated croup is probably never either epidemic or contagious." Dr. J. F. Meigs remarks ;—"When epidemic it is very generally connected with angina, while the sporadic cases frequently begin in the larynx, and often run their course without implicating the larynx. During the latter part of the year 1844, the whole of 1845, and a part of 1846, the disease prevailed extensively in this city, and it was in many cases accompanied by the pharyngeal affection. During those years, and particularly in 1845, measles and scarlatina also prevailed to a great extent, especially the former." The writer has seen two epidemics of pseudo-membranous croup of limited extent, and in both the disease commenced as an intense pharyngitis, which, however, was neither diphtheritic nor scarlatinous in its nature. One of these epidemics, which appeared in the year 1859, was the immediate forerunner of a very severe epidemic of diphtheria of which but few cases affected the larynx.

Aitken remarks "While the annals of medicine are rich in descriptions of epidemic and endemic croup, opinions are very much divided as to the nature of the epidemic influence, and whether or not the disease is contagious or infectious." "Several authors, as Wichmann, Böhmer, Field and others, maintain the contagiousness of croup; but this is denied by the majority of writers, at all events in the case of primary croup. Certain forms of diphtheritic inflammation of the fauces and pharynx are undoubtedly contagious; and as the inflammation and exudation sometimes spread to the larynx, constituting secondary croup, it may be so far regarded as sharing in the same mode of propagation." (Churchill). Bouchut maintains the contagious nature of croup, but his remarks evidently apply to diphtheritic croup. "Its contagious nature is far from being demonstrated; still this question must not be answered in the negative, for croup often follows pseudo-membranous angina. Now the contagion of this latter disease has been demonstrated in the most positive manner by the observations of M. M. Bretonneau and

Trousseau. It is, then, possible that croup, which, by its nature very much resembles pseudo-membranous angina, may, like it, be transmitted by contagion. I say possible, for in the present state of science, a more positive expression cannot be made use of. It is, consequently, proper to separate those children laboring under croup, from other children whose health has not, as yet, experienced any attack." It may be remarked that the nature of pseudo-membranous croup is really very unlike that of pseudo-membranous angina, for while the first mentioned is a local disease, pseudo-membranous angina (diphtheria) is a true blood-poisoning. Pseudo-membranous croup, then, may safely be set down as being non-contagious, but the reverse is the case with diphtheritic croup.

Little has been written as to *endemics* of pseudo-membranous croup, but a number of years ago, a series of facts was observed by the writer which leads him to believe that the disease may rage as an endemic. Briefly, the facts are as follows: A family, the children of which were not subject to croup, moved into a house situated near a low stagnant creek, and very soon several of the children had severe attacks of true croup. After a very sickly time, that family removed to another house, and another family took their place. But soon the second family was attacked by true croup of a very severe form, and they, too, concluded to change their quarters. Neither of these families had croup either before or after their residence in that house, the subsequent medical history of which I have been unable to trace. I have observed some other cases less marked than the above, and in my native city of Edinburgh the disease has been noted to prevail as an endemic in the Cowgate, which is a long and very squalid street, occupying the deepest part of a valley densely crowded by buildings of a very unhealthy nature. Sir Thomas Watson remarks: "Towns situated on the banks of rivers have more than the average share of it; and it has been observed to be particularly frequent among the children of washerwomen in such places; and thus evidently connected with exposure to moisture. In towns so situated, it has been known to prevail epidemically after an inundation."

The disease may commence suddenly and almost without premonition, but usually it commences with uneasiness and slight shivering, which may not be noticed in an infant. In children of robust constitution, whose general health is good, the disease is

apt to come on without premonitory symptoms; but in children of average constitution, the precursory stage is usually very distinctly marked. Again, in the debilitated or in the scrofulous, the grade of inflammation may be low, almost without fever, and exudation takes place almost at the same time as inflammation. The precursory symptoms are really those of a severe catarrh, such as 'running at the nose,' sneezing, cough and *hoarseness*. The hoarseness is a symptom which should excite attention, for in a young child it is never wholly devoid of danger, and I am satisfied that many lives have been lost from want of attention to this indication. The eyes are suffused and the child is drowsy, and I am inclined to believe that the latter symptom is more marked than it is in an ordinary catarrh. The respiration is not irregular except after exertion, and the frequent cough differs little from that of simple catarrh. There is slight pain on swallowing, with vague uneasiness in the larynx, but these symptoms are wholly unnoticed in infants, and are likely to be overlooked even in older children. This precursory stage may last for three or four days, or even for a week, and all the symptoms exacerbate at night. But, as Dr. Charles West accurately remarks, "thirty-six hours seldom pass without the super-vention of some symptom, which, to the well-schooled observer, would betray the nature of the coming danger."

But the precursory stage may be absent, and in the robust or in the scrofulous, the laryngeal inflammation may be the first intimation of danger. Prof. Wood says: "I once attended the case of a little girl, who, when first visited, was running about the apartment with no other apparent disease than a whispering voice, and perhaps some little difficulty of respiration; yet she was, at that moment, almost as surely condemned to death as though she had been already in the last stage of the disease; for the membrane was already formed, and no efforts could prevent its fatal progress." The writer has attended a number of cases in which, after some over-exertion at play or after exposure to cold, children were attacked without warning, but this sudden onset is of rare occurrence. Sometimes pseudo-membranous croup is developed in the course of spasmodic croup—especially if the child has had repeated attacks—and the possibility of this should be kept in view by the mother and by the physician.

The second stage is marked by a change in the character of the cough, which has a singular, ringing, brassy sound, which

can never be forgotten when once heard. This change in the character of the cough heralds a change in the respiration which becomes prolonged and stridulous—the loud crowing noise succeeding each inspiration as well as each paroxysm of cough. The hoarseness which was present during the first stage is replaced by an almost complete suppression of the voice, which falls to a low whisper. As the disease advances, the cough loses its ringing, sonorous sound and becomes dry, husky and apparently confined to the throat; and, after coughing, each inspiration is accompanied by a short sibilant sound. The cough is distinctly paroxysmal, and though it is sometimes frequent, in other cases it occurs at long intervals, and I have noted that the frequent cough is a more favorable sign than the rare cough, while the almost complete suppression of the cough is a very bad sign indeed. As the second stage progresses, the cough becomes shorter and more smothered, till as Dr. Meigs remarks, “it might very well be called whispering.” The breathing now becomes more difficult, the cough assumes the muffled and whispering character, the gestures of the child indicate pain in the throat, and upper part of the chest, the face becomes swollen and darkened, the anxiety and unrest become excessive, and all the symptoms indicate approaching suffocation. It will be noted that all the symptoms remit but are never wholly absent, and that the slightest cause, as taking a little food or speaking a few words, causes an immediate return, with perhaps increased violence. At first the fever is mild, and in many cases it is altogether absent, but in the second stage fever is almost invariably present, and in general terms it may be said to be high in proportion to the extent and intensity of the local inflammation. The pulse is small and quick during the first stage, and as the disease progresses it is exceedingly quick, being 120, 140 or even 160 to the minute. While the disease is, as a rule, marked by remissions, in some cases, in the words of Prof. Wood, it “marches directly onward to suffocation, almost without paroxysms.” In the early part of the attack there is no expectoration, or perhaps merely a little viscid mucus; but during the second stage, there may be an expectoration of false membrane in small pieces, mixed with ordinary mucus. Dr. Meigs says that “to detect the membrane, the substances expectorated or vomited ought to be placed in water, when the former detaches itself from the mucus and other matter and is easily recognized.” Sometimes complete casts of the

larynx may be ejected, with immediate relief of the symptoms. This happens in about one-half the cases. M. Valleix detected the membrane in twenty-six cases out of fifty-one, and Dr. Meigs noted it distinctly in nine cases out of twenty-two, and in one other case there was expectoration of viscid yellowish fibrin.

If the progress of the disease is not arrested, the third stage commences. The writer has noticed this stage within sixteen hours of the first outbreak of the disease, but generally it is postponed till the third or fourth day, or even later. It simply consists in suffocation, more or less prolonged. The voice is completely suppressed; the cough is dry, husky, and less frequent than in the second stage; the respiration is slower and more convulsive, from the mechanical obstacle to the entrance of air; and the inspirations are loud and wheezing. The agony of the patient is most distressing to witness. The head is thrown back, the chest heaves and labors and the patient gasps for fresh air. Soon the vital powers begin to fail; the skin becomes cool, the pulse weak and very rapid, the face grows livid, and finally stupor, preceded by agitation, appears and death takes place, sometimes in the midst of violent convulsions.

When a favorable change takes place, it is usually before the appearance of the third stage, for a very small number of these recover. Usually a discharge of false membrane is one of the first signs of amendment, and this discharge is sometimes preceded by a sound in the larynx as of loosened membrane flapping to and fro with the motion of the air. The membrane may be ejected entire, though more frequently it appears as patches of small size; in other cases it is dissolved in muco-purulent matter, and again it may be absorbed. The amendment may be sudden or gradual, and the writer has observed that a sudden amendment is more likely to be followed by a relapse than a gradual one. Dr. West thus describes a striking phase of the disease:—"The mitigation of the disease may be accompanied by great drowsiness, which, however, does not excite alarm, since it is very naturally attributed to the exhaustion produced partly by the disease, partly by the remedies. During sleep, the respiration is deep and tranquil, like that of a person in a sound slumber; it is, indeed, attended by a kind of wheeze, but presents little of the croupy stridor; and when awake the child is quite sensible, and even cheerful. After a time, however, it becomes difficult thoroughly to rouse him; his pulse grows more

rapid, the moisture on his skin changes almost imperceptibly to a cold clammy sweat, and convulsive twitchings of the angles of the mouth occasionally disturb the repose of his features. Silently, but surely, the exudation has been making progress, and when the alarm is taken it is too late; the stupor deepens, and the child dies comatose, or rouses only to spend its last hours in the vain struggle for breath, and embittered by all the painful circumstances which ordinarily attend the suffocative stage of croup."

The disease mostly originates in the larynx, but in a considerable proportion of cases the pharynx is first affected, and on examination,—which should never be neglected—patches of pearly fibrinous membrane are seen on the tonsils or arches. Prof. Wood thinks that it may begin in the bronchia and travel upward, so that the symptoms of bronchitis precede those peculiar to croup; but Dr. Horace Green asserts that the exudative inflammation commences invariably in the superior portion of the respiratory passages and extends from above downwards—never in the opposite direction. My experience agrees with that of Dr. Green, I have never seen croup move upward, it has invariably gone downward. Rokitsansky remarks that, in early youth, the croupous exudative processes take place in the larynx and trachea; at a later period, in the bronchia; and from the period of puberty to the end of life, in the lungs.

Trousseau says that "the admirable diagnostic methods—auscultation and percussion—given by Laennec to the public for the general good, and of which no one is allowed to be ignorant, are in our hands what the telescope and the magnifying-glass are in the hands of the astronomer and the naturalist—instruments intermediary between external objects and the mind," and it is precisely in laryngeal diseases that the stethoscope is too much neglected. A number of years ago, Dr. Lodge supplied me with a Cammann's double stethoscope which is immeasurably superior to the old instrument—stigmatized by Abernethy as being "a piece of wood with a patient at one end and a fool at the other"—and it has been in constant use ever since. Especially in croup has it served a good turn, though it is not an infallible means of diagnosis, for Dr. West says that he noticed on one occasion those changes in the tracheal sound which are supposed to indicate the presence of a very extensive deposit of false membrane, although no false membrane was either expectorated during the

patients lifetime or discovered in the inflamed larynx and trachea after death. He adds, "We must conclude, therefore, that the changes in the tracheal sound do not afford absolutely certain evidence of the existence of false membrane, and that still less can they be regarded as safe criterions of its extent." At the commencement of the disease, laryngeal auscultation simply reveals the characteristic stridor, though the air enters easily; and when false membrane forms, the sound in the larynx and trachea usually become less stridulous and more sibilant, though as already remarked, there are exceptions to this rule. Barth and Rogers state that when false membrane exists, *tremblement*—a trembling vibratory murmur—is present, and that the extension of this sound downward demonstrates the extension of the disease. Unfortunately, the *tremblement* caused by the presence of catarrhal mucus in spasmodic (catarrhal) croup cannot be distinguished from the same sound caused by the false membrane of the more malignant disease. In all cases, the information derived from auscultation must be compared with the symptoms present, and the course of the disease must be carefully investigated. As the shrill laryngeal stridor effectually marks all pulmonary sounds, but little can be learned as to the state of the lungs, unless auscultation is performed at the time when the child makes a very deep inspiration.

The usual duration of the disease is from four to five days, including the premonitory stage, but it may prove fatal in twenty-four hours or even less, and it may linger till the seventh or eighth day; Dr. Craigie says that it is never protracted beyond the eleventh day.

T. N.

ERRATA.—Page 123, last line, for *defence* read *defiance*.

(TO BE CONTINUED.)

A Pretender who advertises to cure neuralgia in five minutes, was called upon by a lady who had a swelled face. "Tis neuralgia," said the M. D. (?) She took his medicine and found no relief. "This proves," says the doctor, "that it is not neuralgia, as my medicine did not cure it, but it is rheumatism," and so he dosed her for rheumatism, and presently the inflamed cheek ulcerated, and the patient left in disgust.

Climatology.

SOME RELATIONS OF CLIMATE TO DISEASE. MORTALITY FROM CONSUMPTION.

BY PROF. H. P. GATCHELL, M. D.

That climate has much to do with determining the type of disease, that heat promotes fever and inflammation, that cold is more or less associated with the diseases of the respiratory apparatus, that pulmonary affections cause a very large proportion of the deaths of the temperate zone, that among pulmonary diseases consumption slays by far the greatest number, (1.) are facts too well known to require argument.

In order to avoid the fatal issue that awaits most cases of consumption, thousands are running hither and thither, for the most part, merely to die among strangers; or haply to hurry home in season to render up the last breath among kindred and friends. In the mean time, a great clamor of voices is heard urging the survivors now to this point, now to that. Florida invites to its orange-groves and semi-tropical winters; Minnesota boasts of the dryness of its air and the superior comforts of its cities; California beckons to the coolness of its ocean-shore or to the fiery heats of its interior valleys; while South Carolina summons to the sandy soil and the pine-groves of Aiken. Even the Adirondacks have put in a claim to healing power.

Now out of all this clash and confusion of sounds with its lo-heres and lo-theres, does any clear voice come, enunciating the laws of relation, as such laws have been enunciated in other departments of hygiene and therapeutics? I think this question must, in the main be answered negatively. The medical is no more at one than is the popular mind, and like it, is moved by the latest rumor. And so the tide of invalids goes rushing hither and thither, breaking ever on new shores.

And yet if we listen quietly and reverently, we may perchance hear subdued voices instructing with infallible wisdom. For what are laws of nature but divine words echoed back by material forms? Thinking that I might have caught some such resonance, I ventured to send a report to the *American Homœopathic Observer* for June, 1868. But I fear that I could not have been deemed a very trustworthy interpreter of what seemed to me so plain; else we should, with the large circulation of the *Observer*, discover greater definiteness of idea than hitherto exists. Whether the distrust is due to the inconclusiveness of the facts which I presented or to the indisposition to admit newly announced principles, time will determine.

I propose, in this paper, to reproduce in a summary way, the facts and conclusions before advanced, with some additional discussion of the relations of climate to disease.

CONDITIONS OF PRODUCTION.

I shall, as before, divide the area between the plains and the Atlantic into a northern section above the 42d parallel of latitude, a southern below the 35th, and a middle between the 35th and 42d; into an eastern section including all the states washed by Atlantic tide water, together with Vermont; a western between the Mississippi River and the Rocky mountains; and a central between the eastern and western.

In all attempts at inducing laws from enumeration of instances, it is important that the number should be large in order to exclude the incidental. In this case we derive our results from the experience of thirty millions of people upon an area of a million and a half of square miles. If with these conditions the facts seem harmonious, their interpretation can hardly be doubtful. Let us with the help of the census of 1860, endeavor to determine the relations of the climate of this area to the production of consumption, examining the ratio of mortality from this disease to the aggregate mortality.

The ratio of mortality from consumption to every thousand deaths in the several sections was as follows:

NORTHERN 189.
EASTERN 142.

MIDDLE 108.
CENTRAL 106.

SOUTHERN 47.
WESTERN 67.

It appears that consumption diminishes from North to South and from East to West. And this conclusion is confirmed by the census of 1850.

Now, the only marked change of climate as we proceed from

North to the South, is due to increasing warmth, the temperature of winter increasing much farther than that of summer, the former having gained 40 degrees Fahr., the latter only 15.

Other things being equal, the ratio of mortality from consumption diminishes with increasing temperature.

But the mortality from consumption diminishes in proceeding West as well as in advancing South, and this diminution cannot be due to increased temperature. For though the summers become somewhat hotter as we recede from the Atlantic, the winters become equally colder; so that the lines of mean annual temperature are nearly parallel with those of latitude. Some other cause must be sought.

This is found in the increasing dryness of atmosphere as we leave the Atlantic coast, which becomes so great on the plains that meat dries instead of putrefying, and dew quite disappears beyond Fort Kearney. That dampness does promote mortality from consumption, is evident from the fact that as we approach the Pacific, the mortality from consumption suddenly increases, on crossing the Sierra Nevada, to 141 to the thousand in California.

It is confirmed also by the ratio of mortality in Michigan and Wisconsin as compared with Minnesota. The bulk of the population in the two first states being seated south of that of Minnesota, the mortality from consumption should be less. But while it is about the same in Wisconsin and Minnesota, it is greater in Michigan; the ratio of these states being as follows: Michigan, 158; Wisconsin, 128; Minnesota, 136. The atmosphere of Wisconsin is somewhat damper than that of Minnesota and that of Michigan is still more humid.

Other things being equal, the ratio of mortality from consumption diminishes with dryness of atmosphere. (2.)

I have left the great plateau extending from the eastern base of the Rocky Mountains to the Sierra Nevada range, for separate consideration; the great falling off in the mortality from consumption in this region, leading to the suspicion that there may be some special cause operating.

While Kansas and Nebraska, in the same latitude with Utah and with a very dry atmosphere, report a mortality from consumption of 74, Utah reports but 48. New Mexico, a little further south, reports but 26; the mean for Utah and New Mexico being 31. (3)

There need be no hesitation in attributing this remarkable

exemption, in part, to the altitude; the general level of Utah being some 4,000, and of New Mexico some 5,000 feet above tide-water. This conclusion is confirmed by examination of other elevated regions both within and without the limits of the United States. (4.) A remarkable illustration of the effect of altitude is to be found in the region lying between the Alleghanies and Blue Ridge, in North Carolina, and at their termination in South Carolina and Georgia. This territory, which, for brevity's sake I will call the Blue Ridge region, has a mortality from consumption of only about 30 in the thousand, notwithstanding its nearness to the Atlantic.

There is no assignable reason for this remarkable exemption, surpassing that of the neighboring low country to the south, but its altitude. It is true that the neighboring mountains, especially in North Carolina, contribute to dryness of atmosphere, by causing deposition on the summits and on the outer slopes of the ridges. But the difference in humidity is not sufficient to account for the difference in mortality. This would be quite overbalanced by the difference in temperature, the winter mean being from 12 to 15 degrees below the mean for the low country to the south.

Mountaineers usually have capacious chests, the rareness of atmosphere contributing to deep breathing.

Other things being equal mortality from consumption diminishes with altitude.

CONDITIONS OF RECOVERY.

But the occurrence of a small mortality from consumption in any region is not conclusive as to the tendency of its climate to arrest the disease when once generated. And the great question to be answered in behalf of the multitude dying in the north is: What climate is most effectual to this end?

In order to obtain a satisfactory answer to this most important question, let us first examine some other relations of climate to disease.

While consumption diminishes with increase of temperature, fevers increase; the ratio of mortality from fevers to the thousand deaths, from all causes being for the regions defined as follows:

NORTHERN 55.
EASTERN 65.

MIDDLE 92.
CENTRAL 102.

SOUTHERN 129.
WESTERN 136.

The comparison between northern and southern regions indicates pretty distinctly the tendency of heat to produce fever.

This conclusion, however, seems to be invalidated by the comparison between eastern and western regions.

Perhaps a more close examination of the latter may confirm the first conclusion. The extreme summer heat of the dry region near and beyond the 95th meridian is very intense. The mercury in Minnesota, Nebraska, Kansas, the Indian Territory and Texas is frequently a hundred and upwards. There is never a summer but it exceeds the heat of any of the Gulf States east of Texas. The same is true of the western part of Iowa, Missouri, and Arkansas. In 1868 not only was the thermometer reported as 106 in Nebraska, 109 in Missouri and 111 in Kansas; but the entire month of July was reported as high as 89 at one point in Kansas and as high as 85.5 for all points; the mean for Missouri being 82.9 and for Nebraska 83.2. The month was remarkable for its heat throughout the region west of the Rocky Mountains, but such heat as that of the States near the great plains, was not experienced in the vicinity of the Atlantic; and when we consider the great contrast between these fiery heats and the severe winter cold, (5) we shall better appreciate their agency in the production of fever.

But the tendency of heat to produce diseases partaking of a febrile character, is not confined to the fevers proper, it extends to the inflammatory diseases of the lungs, as the following comparison clearly shows in regard to asthma, bronchitis, pleurisy and pneumonia :

NORTHERN 66.	MIDDLE 70.	SOUTHERN 128.
EASTERN 71.	CENTRAL 83.	WESTERN 112.

We see here that the increase of these inflammatory (6) diseases nearly keeps pace with that of the fevers. And yet their relation to heat is not identical with that of the fevers; since fevers prevail most in summer and these inflammations in fall and spring. Unlike the fevers then which are due mainly to more or less protracted heat, and to consumption due mainly to protracted cold, these affections are due chiefly to alternations. That they prevail to the extent that they do in the unequable South will not appear at all inconsistent with this idea, when we reflect on the enervating influence of the protracted heat of Gulf States, (the most equable region in the South) reaching as high as 80 degrees for the three summer months. Every one who has had any experience of its effects, knows how hard it is to endure there, what would be esteemed a moderate degree of heat in more northern climes.

With these premises, it is not difficult to understand the fact that regions characterized by hot and exhausting summers, are not favorable to recovery from consumption, when once established, for the following reasons.

1. It is well known that whatever has a tendency to debilitate, promotes the progress of consumption.
2. It is well known that whatever heightens the attendant fever, is unfavorable.
3. It is well known that whatever produces any inflammatory affections of the lungs, is also unfavorable.

The statistics of mortality in the army appear to me to harmonize with the foregoing statements.

There is a remarkable want of parallelism between the occurrence of consumption among the troops stationed at different posts and its degree of prevalence among the resident population of the corresponding regions. The discord is such as to preclude the idea of its being all generated among the troops. Civil and military statistics can only be reconciled by the assumption that among the troops, the disease generally existed in its incipency (7) at the time of enlistment and that the prevalence of the disease and the mortality from it, are in the ratio of the tendency of the climate of the given region to promote its progress when existing; otherwise it is incredible that there should be about the same mortality from consumption along the coast of New England and near the Gulf of Mexico. The following table illustrates the subject.

The first column gives the ratio of cases of consumption to the ten thousand troops. The second gives the ratio of mortality from consumption to the thousand deaths among the resident population. The third column gives the ratio of mortality to every hundred (8) cases among the troops:

I do not propose to accept the result for each region as an absolutely accurate expression. The conditions in which soldiers are placed are liable to greater variation than are those of the mass of the resident population. But I think the table can be interpreted as affording conclusions proximately correct.

Utah and New Mexico,	15	31	14
Minnesota,	31	136	62
N. E. Coast,	46	220	29
California,	51	160	34
Gulf States, except Texas,	51	50	69
Florida,	52	55	30

Of the regions above mentioned :

1. The high, dry interior is most promotive of recovery.
2. The hot moist air of the extreme south and the fiery heat of California are least favorable.
3. Between the north-east and the north-west the difference is not great.

The last proposition can hardly be asserted with as great confidence as the two that precede. But I think, in view of the intensity of the cold of Minnesota, that it must be taken as nearly accurate. For if heat and moisture prove fatal to the consumptive by inducing debility and fever, so does extreme cold by overpowering his small heat-producing capacity. (10) He is chilled to death.

Whether the apparent conclusions from the mortality statistics of the army, are to be accepted in their precise form or not, there can be no doubt that high and dry regions, neither very hot nor excessively cold, are least promotive of the development of consumption, among the resident population, and tend most decidedly to promote recovery on the part of visitors already attacked.

Here civil and military statistics concur. And it is time, in view of this concurrence, that men should cease to rush blindly, now to Minnesota, now to Florida, now to South Carolina and again to California. It seems to me also, that there is no longer any excuse for the ignorance of the medical profession on this subject. The Rocky Mountain plateau and that of the Blue Ridge offer advantages that are nowhere else presented in the United States so far as existing data go.

Of the two sections, I think the Blue Ridge region offers the greatest inducements. If we subtract from the aggregate mortality of New Mexico the deaths by violence, (11) or if we reduce them to the proportion of other parts of the country, the ratio of mortality from consumption to the general mortality, will be fully equal to that of the Blue Ridge region. Even then the aggregate mortality of New Mexico is so much greater than that of the Blue Ridge region (including all causes, it is twice as great) that the ratio of deaths from consumption, to the population instead of to the aggregate mortalities, is much less in the latter than in the former.

I suppose this difference in favor of the Blue Ridge region to be due to the less heat of summer and the less cold of winter,

and probably in some degree, to the less fluctuation of temperature. For though consumption is due more to protracted cold, and the inflammatory diseases of the lungs more to vicissitudes, yet the latter are not without their influence on consumption, also.

Both the annual and diurnal variations of temperature in New Mexico are very great. Thus at Santa Fe we have, during $4\frac{3}{4}$ years, a maximum of 102 above and a minimum of 11 below zero. While at Asheville, in the Blue Ridge region, in the same latitude, we have for 4 years a maximum of 88 above and a minimum of 1 below zero.

It is very common in New Mexico, as it is throughout the entire Rocky Mountain plateau, for the mercury to vary 40 or 50 degrees in twelve hours. (12) Accordingly we find considerable pleurisy in New Mexico, and among the troops a large proportion of pneumonia.

On the other hand, the Blue Ridge region is as conspicuous for its exemption from the inflammatory diseases of the lungs as it is from consumption.

There are no army statistics for the region (at least, that are accessible to me) to determine the tendency to arrest the progress of consumption; but I have most trustworthy testimony from Dr. Cain, formerly a distinguished physician of Charleston, relative to the beneficent influence of the climate in this respect; and I have also results obtained in the persons of patients that I have sent there. And though I had formed a very favorable opinion of its salubrity for the consumptive, yet the results have exceeded my expectations.

I am compelled, therefore, in the present state of knowledge, to set down the Blue Ridge plateau as the most desirable region for the consumptive to reside in. The Rocky Mountain plateau is somewhat less eligible and the dry slope between the Rocky Mountain and the 95 meridian, extending from Western Texas to Minnesota, as still inferior. (13)

That one may find a pleasanter winter in Florida is evident. But if his aim is not mere pleasure, but actual improvement, the less tropical region of the Blue Ridge affords a preferable home.

I offer the following summary of the conclusions arrived at.

1. Other things being equal, consumption exists in the ratio of coldness, dampness and denseness of atmosphere.

2. Fever exists in the ratio of heat of climate; high and protracted summer heat being especially productive.

3. The inflammatory diseases of the lungs are indirectly promoted by the enervating influence of heat (14) but directly by cold acting on the system thus enfeebled.

4. Whatever tends to produce fever and inflammation tends also to promote the progress of consumption.

5. Recovery from consumption is promoted by coolness, dryness and rareness (hence by altitude) of atmosphere, equalness being more favorable than great vicissitudes.

6. The dry interior between the Rocky Mountain plateau and the 95 meridian combining dryness and rareness of atmosphere is a desirable region for the consumptive; but its great fluctuations and extremes of temperature diminish its value.

7. The Rocky Mountain plateau is still more desirable; but it also is subject to sudden changes as well as great extremes.

8. Most desirable is the Blue Ridge plateau, as enjoying a remarkable exemption from both consumption and the inflammatory diseases of the lungs, and as possessing a dry, rare and remarkably exhilarating atmosphere, with an abundance of pure, soft water. (15)

NOTES.

1. Consumption destroys about one-eighth of the population of the United States, about fifty per cent. more than the inflammatory diseases of the lungs and about thirty per cent. more than malarious and typhoid fevers combined.

2. Florida, from its almost insular character, and Louisiana, from its intersection by bayous, have a more humid atmosphere than other extreme southern states, and these two states report the largest ratio of mortality from consumption.

3. New Mexico for reasons that will be hereafter stated, shows rather more favorably than it should.

4. The Andean plateau has long been known as almost entirely exempt from consumption and as exerting remarkable a restorative influence upon consumptives visiting it.

5. As a general rule, the heat of summer and the cold of winter increase as we proceed west until we begin to come within the influence of the Pacific.

6. I am aware that consumption involves all the essential phenomena of inflammation in the state of the circulation and in the exudations. But I found it convenient for my present purpose to make the distinction. I trust that no one will be startled by the inclusion of asthma among inflammatory diseases; since there is rarely a case that is not based on a chronic bronchitis.

7. If I am correctly informed no such critical examination of recruits

is made as to exclude incipient consumption. Every one, at all familiar with the subject, knows how difficult it often is to determine whether incipient consumption exists or not. The examination is sufficient to exclude all the more obvious cases among applicants for enlistment and thus to reduce the ratio much below that of civil life.

8. It is not to be supposed that cases of consumption occur by the hundred among the troops; but I assume the hundred for the sake of exact expression of the ratio.

I should also add that the sick often procure a discharge.

9. It will be seen that the dry, elevated interior presents the smallest ratio of cases and the smallest ratio of deaths. Florida, the Gulf States and California exhibit the largest ratio of cases, while Minnesota and the Gulf States show the largest ratio of deaths, the great heat of the former being equivalent to the extreme cold of the latter. The Atlantic coast of Florida is somewhat less unfavorable than its gulf coast. But it is time that the extravagant statements relative to Florida should be abated. The world's experience goes to show that a hot, moist atmosphere is fatal to the energies of the white race. There may be now and then, a constitution that suffers less in such a climate than in some colder ones, but its general tendency is to the destruction of vigor. The extravagance of Surgeon General Lawson's language so often quoted, is sufficient to discredit his statement. When he asserts, as he does, that the mortality of the troops under the same circumstances, would have been "infinitely less" in the north, we recognize at once that we have to do with a writer who is exceedingly loose in his use of language. And when we find that in 1860, twenty states reported a less ratio of mortality than Florida, we have still further reason to distrust the eulogies upon its salubrity. There is all the more reason for this distrust in the fact that among ignorant people and in sparsely settled regions, the reports of mortality are most imperfect, hence very much so in Florida. The post surgeons do not all find Florida paradisaical. Surgeon Byrne reports that the climate is exhausting, inducing debility and great irritability of the nervous system. Florida is much like the valley of the Amazon, eulogized by Agassiz, an excellent region for one disposed to swing all day in a hammock, sip chocolate and smoke cigars.

The energy that northern men carry to such climates, sometimes survives in a moderate degree, for a life time, but the natives are habitually tired and constantly seeking to rest. It was not slavery alone that made the natives of the hot lowlands of the south lazy.

So fatal to the white race is the protracted heat of the extremely hot climates that in Hindoostan the English can not keep up the stock. The children born there, seem healthy enough for a few years, but generally die in childhood.

I am aware that those who spend only the winter in Florida, dry and mild as this usually is, escape the debilitating influence of the summer. They simply secure no positive good. The result is a negative one.

10. It is time that such expressions relative to consumptives, as that they burn up so fast in cold regions, were abandoned. The ratio of oxygen in the atmosphere is invariable. And there is no difficulty in getting enough into the lungs in any region inhabited by man. Else why do the very animals give evidence of great vitality at the altitude of 12,000 feet.

It is the rate of absorption from the lungs into the blood and its subsequent appropriation that determine vitality, and these depend on internal conditions.

11. Deaths by violence constituted about one-sixth of the entire mortality. The country is in a semi-barbarous condition.

12. It is not uncommon, on the Rocky Mountain plateau for the mercury to stand at 80 or upwards at noon, and at freezing or below, the same night. This is due to the great dryness of the atmosphere, admitting of free radiation of heat.

13. I suppose that my experience does not differ much from that of others in finding few persons willing to sacrifice present pleasure to future good. I suppose that most persons will prefer the mildness of the Florida or California winter to the more invigorating and restorative but less attractive winter of the Blue Ridge.

In regard to California, I am somewhat at a loss to account for the great mortality from consumption. Though lying on the ocean it has a comparatively dry atmosphere, for its position, and yet the mortality from consumption is greater than in the same latitudes on the Atlantic coasts. The post-surgeon at San Diego in latitude 32, alludes to pulmonary diseases as a chief cause of mortality among the natives.

The great atmospheric movement being from west to east, the Pacific ocean modifies the climate of its coast much more than does the Atlantic. It may be that the solution is to be found in this fact, at least in part.

And it may be that the great volume of Arctic water which is found at the surface off the coast of California, is instrumental towards the large ratio of consumption.

It is well known that the Antarctic water which exists at the surface off the coast of Peru, not only lowers the temperature of the coast some 10 or 12 degrees below that of similar latitudes, but by its chilling influence generate consumption right there under the equator.

The cold water off the coast of California would account for much of the consumption in the vicinity of the ocean, and the wet winters may explain its existence in the interior.

I take it that the Arctic water alluded to is the cause of the dryness of the summers. Vapor-bearing strata need to encounter colder air to cause condensation and absorption of their moisture. But the Pacific moisture encountering the warm air of the land is rarified and elevated to higher regions of the air, so as for the most part, over and to the east of the Sierra Nevada comparatively little being, during the summer, deposited on their summits. When the sun has receded and

left the land colder than the less variable water, the moisture is condensed and the rainy season begins. The warm water of the Kuro-Siwo current striking the coasts of Alaska, is attended with perpetual condensation and deposition because the land is cooler the year round than is this current bearing warmth accumulated in tropical climes to the shores of our expensive purchase from Russia.

The shores of Spanish California are warm enough the year round, to prevent all but the slightest deposition.

Those betray great want of reflection who attribute the dryness of interior California and of the Great Basin, and even the plains to the intervening mountains, seeing that no rain falls in summer on the coast range fronting the sea.

14. It has been observed in Kansas, that pneumonia is apt to follow a hot summer marked by a great prevalence of fevers.

15. I am well aware of the defects of the mortality statistics of the census. But they are admitted to be sufficient for comparison, and the results offered are too significant to be referred to the chapter of accidents, confirmed as they are by the census of 1850.

That I may have made some errors in the course of the numerous calculations necessary to obtain the results offered, is highly probable. But I am confident that there are none sufficient to affect these results.

The District of Columbia, was inadvertently omitted in the calculations. But any difference thus caused would be wholly insignificant.

I have also in getting the ratio of mortality for the different states neglected to reduce the statement of population in the census to the mean for the year. But any error thus arising would be unimportant and could not affect comparative results at all.

Climate of Southern California.—Dr. E. Stevenson, of Los Angeles writes:—"I presume your readers are aware of the advantages possessed by the climate of Southern California. Invalids requiring a dry atmosphere and equable temperature find it here; there are no sudden changes; the thermometer showing an average of about 70° to 74° the year round. Ice rarely forms, and 100° is rarely reached. Pneumonia is nearly *non est* as might be inferred. All pulmonary troubles do well and although there is some tendency to hepatic diseases, I find they yield much more readily to treatment than elsewhere. I might write much on this head but suppose it might be misconstrued, or that you may have more interesting matter. [We should be pleased to hear more from Dr. S. on the advantages of the California climate. E. A. L.]

Nice.—A letter from Nice sets the number of strangers wintering there at 20,000, America furnishing the largest number. Very *nice* indeed, but have we not on our own continent more desirable winter stations for invalids?

Pathology and Microscopy.

SAMUEL A. JONES, M. D., ENGLEWOOD, N. J., AND PROF. D. A. COLTON, CHICAGO, ILL., EDITORS.

THE CHICAGO MEDICAL TIMES says: *The "American Homœopathic Observer"* comes to us decidedly improved in appearance, and with a slight change in title. We always welcome it as one of our best exchanges. While we are a little curious to know how its able editor, Dr. Lodge, proposes to explain the "*Medicine of Experience*," we are glad to see our cotemporary present such evidence of thrift and prosperity. Is the department of "Microscopy" added in order that weaker brethren may be enabled to "see" the effects of their medicine? or simply because "*infinitesimals*" have become so "*attenuated*," at last, as to require optical aid to determine their existence at all? How would "Spectrum Analysis," come in, doctor?

Having a particular regard for the *Times'* man, we find a pleasure in replying to his queries. He wants an explanation of the "*Medicine of Experience*." His very desire is proof positive that he cannot find such an explanation in the records of Old Physic, so he very naturally comes to us. In the name of the New School we thank him for the candor and the compliment of his acknowledgment.

The *Times'* man is aware that once in a while the medicine men of Old Physic have a pow wow, and talk very candidly. He is aware that quite recently Sir Thomas Watson said: "The greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics." And at a later date he declares himself as being "desirous that our arms should have the precision of the modern rifle, instead of the wild flight of the old fashioned smooth bore." Does the *Times'* man know the import of *these* "symptoms?" Does he know that Sir Thomas has got a bellyache which only the "*Medicine of Experience*" will relieve? Sir Thomas frankly avows that he is anxious to swap his "old fashioned smooth bore" polypharmic R for a "modern rifle"—*modern rifle* being a delicate way of mention-

ing the homœopathic single remedy without shocking the ears of the defeated with the shibboleth of the victors.

This "Medicine of Experience" it is that introduced the "modern rifle," of which Sir Thomas has grown so covetous. This "Medicine of Experience" it is whose records retain a perennial freshness; it has no "fall" with rotten leaves and a getting ready for a new season. The "proving" of to-day never droops into a senesence, but grows into giant strength by the corroborations of each cycling year. The "Medicine of Experience" takes a drug and by an experiment upon the healthy organism lays down its *a priori* what it will do, and when it will do it; and clinical synthesis soon crowns it with a *posteriori* demonstration. The "Medicine of Experience," then, is that which makes a "modern rifle" of the "smooth bore" of Old Physic, and if the *Times'* man desires the "precision" for which Sir Thomas Watson yearns, we have told him of the shop where he can obtain the weapon. We must, however, caution him about some "bogus" shops which claim to supply these rifles. One there is in London, at the sign of "The Practitioner." These counterfeiters have one Ipecacuanha rifle for sale; but they say Ipecacuanha cures vomiting, because in small doses it is a "tonic." Save your money and be don't gulled by such nonsense.

We have introduced microscopy in order to observe the antics of a certain cheese mite, who has squirmed from the columns of the *North American Journal of Homœopathy* into the editorship of *The Medical Gazette* — "an old fashioned smooth bore."

S. A. J.

[A number of articles belonging to this department deferred to April number. E. A. L.]

Book Notices, etc.

HOW TO TREAT THE SICK WITHOUT MEDICINE, by James C. Jackson, M. D., Physician in chief of *Our Home on the Hillside*, Dansville, Livingston County, New York. Austin, Jackson & Co., publishers, Dansville, New York, 1870.

A 12mo. cloth bound volume of 537 pages. Price \$3.50. Some will demur to the price, but we think that it contains information that is well worth the amount, and we commend the work to our readers.

On almost every page we have read we have found some good thing, and a large number of statements, which, from our stand-point, we regard as mistaken. We suppose that Dr. Jack-

son is just as sincere in discarding the use of medicines, as we are in prescribing them. We are not slow to believe that he has treated thousands of chronic cases successfully without drugs, but we are just as certain that his treatment of diseases of all kinds, as they occur in general practice in our large cities, would most signally fail. He says (p. 26), he uses in the treatment of diseases, air, food, water, sunlight, dress, exercise, sleep, rest, social influences, mental and moral forces, and we are certain that if one-half of the patients suffering in our cities with chronic maladies were removed to homes on the hillsides where they would have abundance of sunlight, the purest air, different food from that they have been accustomed to, regular exercise and good society, they would sleep well, gain in strength, and their special maladies would be helped even in the absence of physicians. If, added to all these favorable influences, homœopathic medicines were judiciously used, we should expect much more rapid cures. It is a great mistake, when disgusted with drugs allopathically given, to overlook the adaptation of remedies homœopathically used. The homœopathic law of cure is as much the gift of God as the sunshine.

THE HERALD OF HEALTH AND JOURNAL OF PHYSICAL CULTURE advocating a higher type of manhood—physically, intellectually and morally. Published by Wood & Holbrook, 13 and 15 Laight Street, New York City, at \$2 per annum.

This is one of the best hygienic journals printed. The publishers deserve especial praise for their enterprise in securing a corps of contributors embracing such names as Henry Ward Beecher, Harriet Beecher Stowe, Prof. Moses Coit Tyler of the University of Michigan, Rev. Charles H. Brigham, Mrs. Elizabeth Oakes Smith, Mrs. Horace Mann, E. P. Evans, Archibald McLaren. The March number contains *The Two Wives*, Mrs. Elizabeth Oakes Smith; *Notes of European Travel*, Mrs. E. E. Evans; *Fern Grove Gymnasium*, Mary Alice Ives Seymour; *Keep Up with the Times*, a poem, Mrs. M. A. Kidder; *Angel Whisper*, a poem, Nathan Upham; *Take Care of your Noses*, Rev. Charles H. Brigham; *Spurs and Reins*, J. E. Snodgrass; *Growth and Development*, A. McLaren; *Our Studies in Physiology*, and other interesting papers.

GOOD HEALTH, a journal of physical and mental culture. Published by Alexander Moore, 21 Franklin St., Boston, at \$2 per year.

The best health journal published by advocates of the popular practice. It aims to be above and independent of the sectionalism of systems and schools and we recognize its liberality, but it will not find it easy to steer clear of all prescriptions of the old school. The February number (March No. not received at time of writing) contains: *Science and the public health*; *Light and air in the sick room*, by Robert White, Jr., M. D., a good article; papers on the brain and nerves, deformities incident to civilization, mental treatment of the sick (excellent)

and an article on cells and their life, which contains a good definition of quacks and quackery; the above with a fair variety of smaller items make up a readable and profitable number of 48 pages octavo.

THE CHRISTIAN UNION. Published weekly by Messrs. J. B. Ford & Co. New York City, at \$2.50 per year in advance. With Plymouth Pulpit \$4 per year.

We referred to this excellent weekly on page 82 of February number and now speak of it again desiring to commend it to our readers as the best unsectarian religious newspaper for the family.

THE TECHNOLOGIST. Published by the Industrial Publishing Company, 176 Broadway, New York, at \$2 per year, single numbers 20 cents.

A handsomely printed quarto journal of 44 pages, 36 pages filled with original reading matter with new engravings, and eight pages of advertisements. Although designed mainly for mechanics, engineers, builders, etc., our readers will find enough that is of especial interest to them to warrant their subscription. The illustrated article on the sunless and airless tenements of New York will appear to be an exaggeration, but we know that it is a faithful picture; we have seen a large number of just such buildings in New York, but we believe that Philadelphia will not tolerate these nuisances. Public health is public wealth—Vision and the stereoscope—Recent improvements in galvanic batteries—Suburban residence with plans—Hints on the selection and use of a microscope—Life Insurance—are the titles of articles of interest to professional readers. In addition to these are a large number of scientific dissertations, &c., &c.

THE AGRICULTURIST, for the farm, garden and household. Published by Orange Judd & Co., New York City, at \$1.50 per year. With Observer (from this office) for \$3.

We have had the pleasure of sending the names of quite a number of our readers to the publishers of the *Agriculturist* for their valuable monthly and hope to send others. The March number has the usual variety of articles and illustrations. Two of the most interesting are engravings of the California pitcher plant *Darlington California* (which resembles our *Sarracenia purpurea* very closely but is much larger,) and the marsh marigold *Caltha palustris*. The Editor keeps up the exposure of humbugs which is a public benefit. Rev. (?) Edward Wilson, quack doctors, Joseph T. Inman, a "sympathizing friend," and other imposters receive suitable ventilation.

THE MANUFACTURER AND BUILDER published by Western & Co 37 Park Row New York at \$1. 50 per year.

Only a very extensive circulation and large advertising patronage can enable any publisher to furnish 32 quarto pages with as many illustrations finely engraved for \$1.50 per year. Fifteen cents remitted to publishers will procure a sample copy which will give the best idea of its design and execution.

WESTERN HOMOEOPATHIC OBSERVER, Wm. Tod Helmuth, M. D., editor. Published by H. C. G. Luyties, St. Louis, at \$2 per annum.

February number contains as usual a good variety of surgical articles and medical papers.

American Homœopathic Observer.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR.

DETROIT, MICHIGAN, MARCH, 1870.

ET TU BRUTE!

We always cut the leaves of the *American Journal of Homœopathic Materia Medica* with a pleasant anticipation. To be sure, some of the doses are somewhat startling to one who has never soared very "high," but the indications for the remedy have been outlined so faithfully as to make the cases valuable for study despite the posological demurrer which one might feel disposed to enter. We are, then, sorry to learn from the February number that Prof. Martin has exercised the Homeric privilege of nodding, for, unless he was asleep, we cannot imagine how cases 350-51-53 managed to put in an appearance.

Does the analytical Professor, whose clinics are so commendable, mean us to understand that, when we see a woman "suffering from piles, for many years, like grapes around the anus, but without bleeding" we must incontinently give her *Dioscorea villosa*? If not, where is the "key-note" of this empirical tune? Or if "a patient" is "lame and stiff from the atlas to the foot-soles (except the arms)," must he necessarily have *Cimicifuga racemosa* to take the starch out of him so that he can "flex his legs, and turn his head in the first month?" Or if we meet any Mrs. with "sore root of the mouth, and uvula sore and burning," are we to believe that her salvation consists in "chawing" *Sanquinaria* root?

If, however, the Professor has printed these simply as a sample of low-dilution-practice, we must rest content with merely calling him "mean."

It must, however, be acknowledged that these naked testimonials are suggestive; the remedies mentioned have done something, and from their pathogeneses the faithful student may work out the indications for a future more philosophical prescribing of them in like cases.

Perhaps this much cannot be said for many of the cases reported to have been cured with high potencies—they suggest only a contempt for the credulity which accepts them. For an instance, see case 359 in the same number. "*Tarantula* 1^m, 6 pellets every 8 days," cured Miss J. of chorea "*after six weeks.*" As the average duration of this disease is seven weeks, and as Miss J. had been for some time under old school treatment, we can not believe that Dr. Gaudy's pellets produced anything like a *propter hoc*.

We are also suspicious of the remedy, *Tarantula*. Where does Dr. G. find a proving of it? Are the indications for its use in disease derived from the history of Tarantism? * If so, half an hours reading of Hecker's Epidemics of the Middle Ages will convince any one that the record does not justify such an use of this famous spider. To be sure, the symptoms said to be occasioned by the bite of this insect are very precisely detailed, but we also have the record of numberless cases of Tarantism which were occasioned not by the bite of the *Tarantula*, but by merely observing the dance and hearing the peculiar music which were employed for the cure of this mental epidemic.

But if the reader agrees with us in objecting to *Tarantula* as a remedy, what will he say to the following: "Case 358. — *Macula cornea*:—Girl, 11 years old. Has had pustular keratitis. There now remains *Macula of the cornea*; general health very good. Dec. 15, *Sacch. alb.*³⁰ 1 dose. Jan. 11. Much improved; the macula is only nebulous. *Sacch. lac.*"

No sooner had we burst into admiration at the consummate cunning which observed the improvement and gave the innocuous *Sacch. lac.* so as not to interfere with the "action" of the *Sacch. alb.*, than our ardor was cooled by the following foot note; "I have given *Sacch. alb.* to a great many cases, where no prom-

*The monograph of Dr. Nunez—*Estudio Medico del Veneno de la Tarantula, etc. Madrid, 1864*—may not be called a proving. The Spanish spider was employed in making these experiments, yet the symptoms culled from cases of Tarantism—said to have been occasioned by the bite of the Italian insect—are inserted into the pathogenesis.

At the Leipzig Congress of 1851, some *Tarantula* tincture was presented to the members by Dr. Wahle, of Rome, but we have never since heard that anything came of it—if tried, it probably "died and made no sign."

inent symptoms were present, in various potencies, from the 3d and 30th, to the one hundredth thousandth, of Fincke, without any definite result."

"Tis strange there should such difference be
"Twixt tweedledum and tweedledee."

Truly, there is but a step from the sublime to the ridiculous. Dr. Drumm sets a patient "chawing" blood root for "sore roof of the mouth," &c. Dr. Allen gives another the one hundred thousandth dilution of white sugar for "Macula cornea." Said Patrick Henry: "I know not what others may choose, but as for me," Drumm is my man. So say we—there isn't taste enough in Allen's *loaf sugar*^{cm} to beguile our sweet tooth, so Drumm and blood root forever!

We beseech Prof. Martin to leave out such "stuffing" in future; and if ever again such a batch of "cases" accumulates in his drawer, we will gladly forego the whole lot for the consideration of one extra page of Hering's *Materia Medica*. Seriously, homœopathy does nothing else than pronounce its own condemnation in the publication of such cases.

Shan't Drumm delight sore roofs to right
With roots, if that's his practice?
Shall Allen not cry, "Out, damned spot!"
And then use "*alb.*" or "*lactis?*"
"Let them be FREE!" "Amen!" say we,
"Go on and cut your capers;
They're all quite right while out of sight,
But foolish in the papers."

CARL MÜLLER.

RECOMMENDATIONS RECEIVED.

From MARYLAND, Alfred Hughes, M. D., writes: "During a practice of nearly twenty years in Homœopathy, I have taken, at various times, all the leading journals devoted to the cause; and to none am I more willing to accord my most hearty commendation than to the "*American Homœopathic Observer*." I regard it as occupying the first position in the ranks of all such journals, and my earnest wish is that it may grow in prosperity, as it has increased in usefulness."

From CANADA, (Montreal, Province of Quebec,) John Wanless, M. D., says: "I have been a subscriber to the *American Homœopathic Observer* from the 1st volume, and as (owing to their intrinsic worth) the volumes are regularly bound, I like to see their growth in *bulk*, as well as in highly meritorious character, from year to year. May you long be spared to ably pilot the good ship, and enjoy much profit as the worthy owner thereof."

FROM MAINE, C. A. Cochran, M. D., writes: "I have read every number of the *Observer* from its birth to the present time, and can but notice with great pleasure its growth, from a small journal of some dozen pages, to its present size; and it gives me pleasure to say, that I consider it a first-class journal, replete with matter both suggestive and instructive to the busy practitioner. Accept my best wishes for its continued prosperity."

OUR COLLEGES, ETC.

Cleveland Homœopathic Hospital College.—The recent commencement exercises were quite interesting. The diplomas were presented by the President, A. O. Blair M. D., The following is a list of the graduates.

Mrs. E. Miller.	Mrs. S. B. Chase.
George A. Gordon	Wm. F. Lefavor.
C. W. Hoyt.	H. D. Chase.
H. S. Strong.	J. Pettet.
S. S. Parker.	G. O. Spence.
B. L. Cleveland.	A. E. Scheble.
J. D. A. Pohle.	O. B. Moss.
W. B. Van Norman.	E. D. Preston.
F. B. Sherburn.	Geo. W. Moore.
N. F. Canady.	E. V. Van Norman.
G. C. McDermott.	T. K. Dawson.
J. A. Partridge.	A. S. Rosenburger.
O. S. Martin.	W. H. Riley.
C. D. Woodburn.	B. Sovereign.
I. J. Whitfield.	A. L. Gardner.
Chas. F. Petsch.	W. A. Whitney.
P. S. Duff.	F. L. Davis.
A. F. Worthing.	J. P. Tenman.—Total 36.

H. H. BAXTER, M. D., takes the chair of Materia Medica in place of Prof. Barnes who resigned.

Hahnemann Medical College of Philadelphia.—The Annual commencement will be held on Wednesday, March 9th, 1870, Valedictory by Prof. C. G. Raue, M. D.

Hahnemann Medical College of Chicago.—The Tenth Annual Commencement was held at Chicago Feb. 24, 1870. The Inaugural address was delivered by Prof. A. E. Small M. D., From the report of the dean, Prof. R. Ludlam, M. D., we learn that 500 lectures have been delivered, 51 students matriculated, of whom eight were women, and that the experiment of a mixed class has been successful. The following is a list of the graduates:

Mrs. Clara Youmans.	C. G. Higbee.
John H. Bell.	George H. Carr.
J. M. Cunningham.	LaRay Maroin.
Otto. B. Poppe.	Geo. B. Sarchett.
Edward B. Beeson.	L. A. Bishop.
Geo. A. Hadfield.	Arthur F. Moore.
G. Shepherd.	H. H. Pilling.
Geo. H. Doane.	David H. Long.
Myron H. Parmelee.	Fred. G. Hunt—Total 19.
Donald Ferguson.	

St. Louis College of Homœopathic Physicians and Surgeons.—The annual commencement was held February 24. Prayer by Rt. Rev. C. F. Robertson. Twenty-three students have been

in attendance. Seven graduates. Prof. Helmuth gave a valedictory in his usually brilliant style.

Graduates:	Samuel Bishop.
Ambrose S. Everett.	Ferdinand C. Valentine.
Chester G. Higbee.	Fred'k. A. Steinmeyer.
Isaac W. Timmons.	Wm. Wilson.—Total 7.

Hahnemann Homœopathic Hospital, New York.—A select dramatic entertainment was given at Union League Club Theatre New York, Tuesday afternoon, March 1st.

Minnesota Institution for the education of the deaf and dumb and the blind.—The seventh annual report of this institution which is located at Faribault, Minn., is before us. We are pleased to find that its physician is a homœopathic practitioner and that during his seven years service he has not lost a single patient. The closing paragraph of the physicians report reads; "Devout gratitude is due to a kind and merciful providence who has watched over these children in health and has blessed the means used for the recovery of the sick, so that I can report at the end of this, my *seventh* year, all who have ever been in the institution, officers and pupils, are still living."

PERSONAL.

Stevenson.—E. Stevenson, M. D., a graduate of the Cleveland Homœopathic College, (1859) and licentiate of Canada is now located at Los Angeles, California. Our readers will be glad to know that an educated physician of their school has settled in this part of California. Invalids requiring a dry atmosphere will be profited by a residence in Southern California, and they can be safely commended to the care of Dr. S.

Stewart.—Dr. D. G. Stewart of New Albany has been at work 20 years in the translation of the New Testament from the original Greek, giving first the Greek word, then the words from which it is derived, and then the translation in English. It will require two years to finish the book, but it will be, when finished, of exceeding interest.

Hamisfar.—We are happy to learn that C. W. Hamisfar, M. D. who has been suffering from pneumonia, is now convalescent.

Barnes.—Prof. G. W Barnes writes from San Francisco, Cal., Feb. 19, 1870. My dear doctor:—You are correct in your surmises that I have been travelling again. I regret that the letter addressed to me at Cleveland "Petered out" after having pursued me so far. I hope it will renew the pursuit. Letters addressed to me at this city will reach me with certainty. I have seen much of California, and learned something of it. I have just returned from a trip to the south, having made it overland to Los Angeles, San Diego and other points, and returned by sea. At San Diego I spent three weeks, and was particularly impressed with its favorable qualities of climate. I left it with reluctance, hoping to return to it. Excellent conditions of climate are found in many other parts of the State as well as some that are uninteresting and disagreeable.

LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.

Georgia.—F. H. Orme, M. D., of Atlanta, Georgia, writes: More practitioners of our school are needed in this state. I think *twenty*, who can come *well endorsed*, with something to fall back upon for the first year's support, could find desirable openings. We have been unfortunate in having our system represented in some places by parties who are discreditable to the cause—and want now only those whose professional and social standing is not questionable.

Michigan.—Ann Arbor—A first class homœopathic physician wanted. Homœopathic physician wanted also at St. Louis, Gratiot Co.

Pennsylvania.—R. Faulkner, M. D., of Erie, Pa., may be referred to as to locations in Northern Pa.

NECROLOGICAL.

Shirley.—G. Y. Shirley M. D. an old resident of the State of Illinois, and an excellent practitioner of homœopathy died at Jacksonville in that state on Tuesday 15th February 1870.

MARITAL.

Prof. Hamilton F. Biggar of the Cleveland Homœopathic College, Ohio, was married to Miss Sue M. Brooks at the Second Presbyterian Church, Columbus Ohio, on Friday Feb. 25th 1870.

MISCELLANEA.

Medical Investigator—Try again.—The Medical Investigator, in making a comparison between the Observer and other journals, states the number of pages of Observer as 48, and words in a number at 17,830, to show that the Investigator is as cheap at \$3 as the Observer at \$2, because it contains 50 per cent. *more words*. If the editor of Med. Inv. will try again, he will find that January, February and March numbers of Observer contain 160 pages, or 16 pages more than 48 per month, and that Medical Investigator, though costing 50 per cent. more, does not contain as many words or as many pages. In one quarter we print more for 50 cents, than U. S. Med. and Surg. Journal for one dollar! But a war about words is trivial. Let us see who can make *the best journal!*

Bromide of Potassium.—Pathogenesis will be continued in April number.

Tape worm.—The Detroit Tribune correspondent of Buchanan Michigan, writes: Three doses of homœopathic medicine, prescribed by Dr. F. H. Berrick, of this place, for Mr. Horace Randall, (who had been some time ailing and could not eat enough to satisfy hunger,) relieved his stomach of 19 feet of tape worm, half an inch wide, 13 feet of which is in one piece. His health is much improved.

Ceonothus Americana.—(*Red root.*) Dr. LaMunyon of Chesaning Michigan, says that he has used this agent successfully, in cases of diphtheria, and in various forms of ulcerations. He promises an extended report for for the Observer. He considers it specific for nursing sore mouth.

ERRATA.—Page 127, for Baedelocque read Bandelocque; for Ramsbosham read Ramsbotham.

Pathology and Microscopy.

SAMUEL A. JONES, M. D., ENGLEWOOD, N. J., AND PROF. D. A. COLTON, CHICAGO, ILL., EDITORS.

DYNAMICS OF THE NERVOUS SYSTEM.

BY D. A. COLTON, M. D.*

LADIES AND GENTLEMEN:—As at the commencement of the last session, I began my first course upon the branch I now have the honor of representing in this college, I at once observed that physiologists and pathologists found it difficult to account for many changes that occurred in the human economy, for the simple reason that they did not credit the nervous system with its due share of participation in such changes.

In accordance with this view I at once expressed myself, but did not, however, give such reasons for the same as would seem to be called for by those who had not previously considered the subject, or had been instructed to believe otherwise. I now propose to give some of those reasons, and leave you to judge for yourselves whether they are sufficient to sustain me in my assumed position.

The part which the nervous system plays in the animal economy, is as yet somewhat questioned. It is thought up to a certain stage of development that it is entirely wanting, and consequently, in the first processes of development, there is no need of nervous influences.

The nervous system of the human species, when fully developed, is generally viewed as a very complicated affair. Besides the great nervous centres, the brain and spinal cord, we find many other centres, sub-centres, where nerve impulse is correlated, if not originated. And when we further consider the millions upon millions of nerve filaments that proceed from these centres, filaments that interlace and then divide and distribute themselves to almost every minute part, some here favoring sensation, there nutrition, here function, there voluntary action; we are struck with wonder at the comprehensive operations of this system; at its almost infinite exercises. But the highest of all, are those

*Introductory to the course on Pathological Anatomy in Hahnemann Medical College, Chicago, Ill

exercises which are accredited to the human mind, which carries on vast operations of thought, that reach far beyond itself; and, as a king enthroned, directly or indirectly modifies or controls every other portion of the nervous *system*, and the *individual*, so that in more senses than one, it may be said that "as a man thinketh, so is he."

The nervous system is very complex when thus considered with reference to its mechanical arrangements, to the encephalon, the spinal cord, the ganglia and nerves; but when viewed as made up of vesicular and fibrous nerve matter, the former as constituting centres of impulse, and the latter as conductors of it, we find the rationale of this nervous system of ours as simple as that of galvanism.

A galvanic circuit is readily formed by means of acidulated water, or a salt in water in contact with copper and zinc, and then connecting these metals together by a conductor. The current is induced by chemical action upon the metal the more readily oxidized. Comparing this physiological battery of ours with the galvanic, the blood in our bodies may be termed the water in which the acid or the salt is mingled; the vesicular cortical substance of the brain, and the corpuscles mingled with the ganglia, the metallic elements.

Here we have the grand galvanic battery of animal, and organic life; complex yet simple, mysterious in essence, yet always evident in its phenomena. Thus we see that the nervous appliances consist of elements so simply arranged, as that a ready, ordinary supply of external and internal influences is all that is necessary to keep them in action. This is the course that God seems to have pursued in all the arrangements of nature, that simple means which are most liberally supplied, should work out splendid phenomena, and the most grand results.

In observing some of these simple and yet grand arrangements of the all-wise Creator, we see the most striking evidences of design and order. In our solar system the movements of the planets are regular and harmonious; their relative distances from the solar center, their ratio of motion and the times of their revolution, have a mathematical regulation. Kepler made these profound calculations that have rendered his name immortal. In like manner, and previously, Sir Isaac Newton discovered the sublime law of gravitation, which established the fact that this attraction was directly as to the mass, and inversely as to the square of the distance; that this prevailed not only in our planetary system, but extended to worlds beyond it, and yet descended to the utmost atom of each and all bodies.

As opposed to this inherent power and force in nature, we have subsequently been taught to regard repulsive force; that this force is inherent, extending to each atom of all these bodies, and equals that of attraction. Thus we observe the two centripetal and centrifugal forces which occasion the grand cosmic

movements and phenomena. Thus we see the reciprocal forces that move the bodies in the solar system and the universe, in that harmony which speaks of the wisdom and beneficence of a Creator, who, while he was able to set the worlds in space, could endow them, with natural, inherent, and organic qualities that insured their regular, constant and harmonious movements in accordance with fixed laws.

I have thus considered these two atomic and cosmic forces, in order to show the activity of matter; that each atom has a function to perform which is organic in its character; and though lower in order and simpler, may nevertheless be cited to explain more complex vital actions.

But there are other forces manifested by terrestrial bodies, which modify or may be modified by the forces named. Among these are electricity, galvanism and magnetism. They pervade all known substances and seem to bear a marked relation to each other. I shall therefore use them rather indiscriminately in the further elucidation of my subject.

Electricity as a force may under certain circumstances occasion the most striking phenomena being apparently a mighty agent that can operate, terrestrially, in a manner to compare with those of attraction and repulsion. We find that electricity too, reaches to the ultimate atoms of terrestrial bodies, and consequently, so far as the substances around us are concerned, no changes occur that can be entirely independent of it. It is not only a powerful agent that serves the chemist in forming compounds and producing their decomposition, but it seems there is no play of chemical affinities without electrical disturbance, indeed, that electricity is essential to the manifestations of such affinities.

In the first place, the galvanic current is induced, in the most satisfactory manner, by means of two metals that are acted upon by different degrees of rapidity; and the galvanic action is stronger between two metals upon which the components of the exciting liquid differ most widely. The intensity of the current is generally in proportion to the number of combinations that enter into the circuit. It *depends* upon the intensity of the chemical action between the elements of the liquid and the metals which compose the circuit. In general this current seems to be initiated by oxidation of the more oxidizable metal; and the positive electricity, setting out from this, traverses the liquid toward the less oxidizable one. The amount of chemical decomposition that may be accomplished by it, is definite, being directly proportionate to the quantity of electricity in circulation. This is determined by the amount of oxidation. For every 32.7 grains of zinc which is dissolved in any one cell of the battery—provided local action be prevented, 9 grains of water are decomposed; so each compound will experience a decomposition proportional to its chemical equivalent. From

these and other facts, it follows that the quantity of electricity which is separated from a given weight of matter, in the act of combination, is able, irrespective of its intensity, when thrown into the current form, to produce the decomposition of an equivalent quantity of any compound body that is susceptible of electrolysis. Hence, all the phenomena of chemical attraction, have been referred to the exertion of mutual electrical attraction between the atoms of each substance in the compound. When, for example, chlorine and potassium are united, it is supposed that each atom of chlorine, by contact with an atom of potassium, becomes negatively electrified, whilst the potassium becomes positively excited; a certain portion of the positive electricity from the chlorine, uniting with a corresponding amount of negative electricity, which is liberated from the potassium, thus producing the light and heat which attends the combination of these two bodies.

When the chloride of potassium is decomposed electrolytically, a quantity of positive electricity is transferred from the positive wire of the battery to the chlorine and compensates for that which it has lost, and when this amount of electricity has been restored, the chlorine no longer has any tendency to remain in combination with the potassium, and hence it is set free upon the positive plate; whilst a simultaneous transfer of negative electricity to the potassium occurs from the negative plate, and the alkaline metal is therefore liberated upon the negative side of the arrangement. The electricity which is set free by the battery is supplied by the sulphion upon the zinc, in the cells of which the battery consists. The fact that the current passing through various electrolytes decomposes each in the proportion of their chemical equivalents, adds greatly to the supposition that electrical and chemical phenomena are due to different manifestations of the same agent. This view is still further supported by observing that through proper conductors, a portion of zinc and sulphuric acid at one point can be transferred to a distant spot, and there be made to effect an equivalent amount of chemical decomposition upon a different compound.

The above shows the definite polar forces that preside over matter and determine its molecular changes. The same forces may preside over crystallization and determine the regular angles in the snow-flake, the cubic form of the crystals of common salt, the eight-sided of alum, etc. This, doubtless, also influences the molecular changes in bodies already crystalized. The organic nature of these crystals is still further shown in the tendency which they have to repair from injury. It is found that when a broken crystal is replaced in the mother liquor, it continues to increase in every direction, but that its growth is especially active upon the broken surface, in consequence of which the general outline of the figure is restored in a few hours.

It is also found that there can be no deviation in the form of

crystals without change in their organic expressions, their degrees of expansion by heat, their conduction, etc.

The foregoing scientific statements show that all kinds of matter have certain qualities in common; and that some of the phenomena occasioned by changes in the lower forms of matter correspond to those which result from changes in more complex forms, that are termed vital and molecular; that a comparison of these phenomena must lead us to regard electric and nervous forces as analogous; indeed, to admit the supposition that they are modifications of the same force.

If we ascend in the scale and view the vegetable forms, we shall find evidences of greater refinement in the manifestation of forces; such refinement as is suited to their increased complexity.

"We find that plants exhibit spontaneous movements, and sensible movements from irritation, etc., that tend to show that they may have a general endowment, as well as animals, but less in degree. It appears that the turning of parts towards the light, and other special directions of plants, are independent of growth, and apparently are effected by some inherent power; at least, they have thus far proved no more susceptible of mechanical explanation than the more marked movements of animals. In the sleep of plants the nocturnal position is uniform in some species, showing that the phenomena is not mechanical. Nor is it a passive state; the leaflets are commonly turned upward, as those of the honey locust; or, upward and forward, as in the sensitive plant. Many expand their blossoms in the morning and close them toward evening, never to open again: as the cistus, portulacca and spiderwort; while others, like the crocus, close when the sun is withdrawn and expand again the following morning. On the other hand the evening primrose, *silene noctiflora*, etc. unfold their petals at twilight and close at sunrise. The white water lily (*nymphæ*) expands in the full light of day, but uniformly closes in the middle of the afternoon and is then usually withdrawn beneath the surface of the water. The morning glory opens at dawn, the lettuce, and most cichoraceous plants, a few hours later, but close under the noon-day sun. The *mirabilis*, called 4 o'clock, opens at 4 P. M., and closes next morning. An acacia at Teneriffe is mentioned by Berthold, whose leaflets close at sunset and unfold at sunrise, its flowers *vice versa*. The sleep of the sensitive plant begins just before sunset, but its waking frequently precedes the dawn, showing that it is not the mere amount of light which governs the position in the manner of a mechanical power.

The leguminous plants of the mimosa tribe, when roughly touched, assume their peculiar nocturnal position, or one like it, by a visible and sometimes a rapid movement. The sensitive plant of the garden (*mimosa pudica*), is a familiar instance of the kind, suddenly changing the position of its leaflets on being touched or jarred, and applying them, one over the other, close

upon the secondary petioles; if more strongly irritated, the secondary petioles also bend forward and approach each other, and the general petiole itself sinks by bending at the articulation with the stem. Similar, but less irritability is shown by the *mimosa strigillosa* and the *schranksia* of the Southern States, where the leaflets promptly fold up when brushed by the hand. The most remarkable instance of the kind, however is presented, by another native plant of the United States, the *dionæa muscipula*, or Venus fly-trap, in which the touch even of an insect alighting upon the upper surface of the outspread lamina, causes its sides to close suddenly, the strong bristles of the marginal fringe crossing each other like the teeth of a steel trap, and the two surfaces pressing together with considerable force, so as to retain, if not destroy the intruder, whose struggles only increase the pressure which this animated trap exerts."

"These are some of the many cases that might be named.—Anatomical investigation brings to view no peculiarity in the structure of such plants that might explain these movements.

The twining of stems around a support, and the coiling of tendrils, are attributed by Mohl to a dull irritability; and this is the most plausible explanation that has been offered.

How the light, or external irritation, or any other influence, acts in inciting a change in the form of cells in some part of a plant, we know no more, and no less, than we know how a nerve or an electric current, acts upon the muscle of an animal to bring about the contraction or change of shape of its component cells."

"So also do some plants execute brisk and repeated movements, irrespective of extraneous force, and which are arrested by the touch. An instance of such spontaneous and continued motion is furnished by the trifoliolate leaves of *Desmodium gyrans*. The terminal leaflet does not move, except to change from the diurnal to the nocturnal position, and the contrary; but the lateral ones are continually rising and falling both day and night, by a succession of little jerks, like the second-hand of a time-keeper, the one rising while the other falls. Exposure to cold or cold water poured upon the plant stops the motion, which is immediately renewed by warmth."

"When we consider that the excitability of sensitive plants is often transmitted, as if by a sort of sympathy, from one part to another; that it is soon exhausted by excitation (as is certainly the case in *Dionæa*, the sensitive plant, &c.,) to be renewed only after a period of repose; that all plants require a season of repose; that they consume their products and evolve heat under special circumstances with the same result as in the animal kingdom; that, as if by a kind of instinct, the various organs assume the positions or the directions most favorable to the proper exercise of their functions and supply of their wants, to this end surmounting intervening obstacles; when we consider that all

these motions are arrested by narcotics or other poisons, the narcotic and acrid poisons even producing effects upon vegetables respectively analogous to their different effects upon the animal economy; we cannot avoid attributing to plants a vitality and a power of making movements tending to a determinate end, not different in nature, perhaps, from those of the lowest animals. Probably life is essentially the same in the two kingdoms; and to vegetable life faculties are superadded in the lower animals; some of which are here and there not indistinctly foreshadowed in plants. Distinct as are the general structure and the offices of the two great kinds of organized beings, it is still doubtful whether the discrimination is absolute, or whether the function of the vegetable and the animal may not in some organisms, be imposed upon the same individual."

This is the general expression of the plant endowed with that higher and more mysterious play of forces and appropriate use of means to a given end, all of which is wrapped up and foreshadowed in a simple germ. Oxygen, Carbon and Hydrogen, taken up from the lower mineral forms, previously considered, go to make up vegetable cellulose and lignine, to extend roots downward and shoot branches upward and outward, to spread out leaves that inhale and exhale as really as the lungs of an animal, and to open bridal flowers, that in fading, shall give promise of offspring whose mission shall be as beautiful and useful as theirs. The vegetable, standing on a plane higher than the mineral, manifests greater refinement in the use of forces, so as to give expressions nearly identical with those that are recognized as nervous; indeed, I think that in the manifestations of these animal, vegetable, and mineral forms, we may observe a vast chain of analogies, some of which we will proceed to consider. I am persuaded they will enable us the better to explain physiological functions and pathological changes and phenomena. It is the importance and bearing of the nervous system that I am wishing to show in this lecture.

Here, I repeat, that if rough matter directly responds to an inherent electric force, if this force may be directed so as to occasion most significant results, and this, too, so uniformly and definitely, as to admit of arithmetical calculations, may we not expect to find as much relative importance, bearing and definiteness in its analogue, nerve force? That there is an analogy, a striking one, between the electric and nerve forces, can scarcely be doubted. This is at present the popular idea. As bearing upon this point, I quote the following from an able writer:

"The cerebrum, cerebellum, medulla oblongata, spinal cord, ganglionic and plexual masses grouped together, form the equivalents of electro-magnetism of physical science, and are to be studied as centers of the dynamics of the system, controlling alike nutrition and oxidation, not only of the remaining tissues and organs of the body, but of themselves. The gray or cin-

eritious matter has the highest and most complex organization ; the medullary, or white, is widely different in physical appearance, as well as structure, organization and function. The circulation through the brain proper is peculiar, the venous blood being concentrated in sinuses of large capacity, and the circulation is proportionately large in all of the nervous masses. From analogy these form the equivalents of the electro-magnet of physics, having two dissimilar tissues, with a fluid, to furnish the conditions and means of liberating dynamic force. The analogy between the wonderful network of telegraph wires traversing every part of the civilized world, bringing its most distant parts into almost instantaneous communication, and the human nervous system, has long been to me, a subject of profound interest."

There are various ways by which electric force is manifested ; among these are polarization, (an essential characteristic, and which involves the two kinds, positive and negative,) attraction, repulsion induction, conduction, disruption, convection, insulation, etc., etc.

There are also different modes of constructing electric batteries for the production of ordinary chemical changes. Consequently, we are not obliged to institute a rigid comparison with any one of them. Besides the combinations of Volta, Daniels, Groves and Smee, which are essentially made up of two metals with different liquid preparations, there are circuits formed with one metal and two liquids: it being in some cases even unnecessary for the metal to serve any other purpose than that of conductor. We are to bear in mind that chemical action is necessary to the production of the current, and that ordinarily one of the constituents of the liquid used, enters into combination with one of the metals ; that in the transmission of the voltaic power, a polarization of the liquid as well as the solid portions of the circuit is produced, and this polarization of the liquid is attended with the separation of its constituents into two groups, one of which takes one direction, and the other another, etc.

The electric combination of the animal organism, must be much more complex than those described, in order to fill the much higher office that it is designed to perform. Let us see if there are the necessary conditions. In the constituents of the blood, its salts, iron, etc., on the one hand, and in the ganglionic masses with their salts, acids, phosphorus, etc., and the nerves on the other, we have the necessary arrangements for a circuit, and even a combination of circuits. The ganglionic interlacements may favor the correlation of nerve force somewhat on the inductive plan. The nerve fibres of the voluntary nerve trunks may be furnished with the white substance of Schwann for the purpose of proper insulation as well as protection. Insulation may be favored in other parts by the same or a similar substance, as in

the spinal cord; it may be in like manner in the brain by a portion of the medullary substance. But all this I throw out to render the idea of insulation plausible, but not as essential to the main idea of nerve force.

Thus you see there are all the conditions necessary for an analogous and more complex combination than any that the chemist can prepare. You must bear in mind that the elements, here, may be arranged on a plan quite different from the ordinary battery used in chemical physics.

If the electric force presides over chemical affinities out of the body, may not the more complex and much more refined, yet analogous nerve force much more systematically take control of the higher affinities and organic changes that take place in the human body? If electric force in the ordinary way, can influence changes where Oxygen, Carbon, and Hydrogen are concerned, may not this more highly wrought physical battery work out more refined changes, and be instrumental in developing the more highly organized forms into which Oxygen, Carbon, Hydrogen and Nitrogen enter?

Thus the constructive and destructive metamorphoses, or the processes of assimilation and waste, are beautifully accounted for as influenced by the play of nerve affinities; the same force essentially that carries up to the more highly organized structures, also separates them, and then combines the lower forms which may still subserve special purposes in the organism previous to their elimination. Thus oxidation may not only be an incident to the correlation of nerve force, but also, to almost every other combining and separating process that is carried on in the human economy. Thus it would appear that the oxidation necessary to the production of dynamic, or nerve force, sufficient for the nutritive processes, would not be at all as great as that which is incident to the change that comes under the head of waste; i. e., if we take the oxidation necessary to the production of a given amount of electric force out of the system as data for our calculation; and in the animal economy we, of course, may expect as economical a use of means, as out of it. We have seen that for every 32.7 grs. of zinc which is dissolved in any one cell in the battery, provided local action be prevented, 9 grs. of water are decomposed; and I may add that for the same amount of zinc dissolved, there may be decomposed 105.5 grs. of lead, 127 grs. of Iodine, &c. The amount of force thus made sensible by the dissolving of 32.7 grs. of zinc, may be made much more evident to our senses when we consider the capabilities of a like amount induced by friction, as in the older form of electric machine. Faraday compared the amount of electricity developed from the machine by friction with that which is furnished by the chemical action of the battery. He made a combination, consisting of a wire of platinum, and another of zinc, each $\frac{1}{3}$ of an inch in diameter, immersed $\frac{5}{16}$ of an inch apart to a depth of $\frac{5}{8}$ of an

inch in an extremely dilute acid liquid, prepared by adding a single drop of oil of vitriol in 4 oz. of water. The current obtained by this combination, produced in about three seconds as great a deviation of the needle as was obtained by the electricity furnished by thirty turns of a powerful plate machine in excellent action. This quantity, if concentrated within a space of time constituting only a minute fraction of a second, by discharging it in a single flash from a Leyden battery, exposing 3500 square inches of coated surface, would have been sufficient to kill a small animal, such as a cat or a rat, but the chemical action upon the zinc by which it was produced, was so trifling as to be quite inappreciable; and it is estimated by Faraday, that not less than 800,000 discharges, each equal in quantity to this, would be required for the decomposition of a single grain of water. This has been amply confirmed by Becquerel, and from the experiments of Weber, it may be calculated that, if the whole of the positive electricity required to decompose a grain of water were accumulated upon a cloud 3281 feet above the surface of the earth, the attractive force exerted between the cloud and the portion of the earth beneath it would be equal to 1427 tons.

I cite these latter facts and calculations, not so much to show the quantity of force developed by the plate machine, as that developed by a chemical combination of which the nervous system is more strictly the analogue; and think such facts and calculations will be likely to be taken as strong evidence that the nervous combination would develop an amount of force sufficient for all the dynamic purposes of the animal economy.

This dynamization not only has reference to the formation of organic compounds, their separation, and the reunion of their constituents into lower and more nearly effete forms, but may be the means of correllating heat. Here, I do not need to go into recital of the scientific facts relating to this matter of correllation of heat by electric force. I will only repeat a little of what I have already said, and you will at once see the direction of the argument. When chlorine and potassium are united, it is supposed that each atom of chlorine, by contact with an atom of potassium becomes negatively electrified, whilst the potassium becomes positively excited; a certain portion of the positive electricity from the chlorine uniting with a corresponding amount of negative electricity which is liberated from the potassium, thus producing the light and heat which attend the combination of these two bodies. I refer to this in support of the same idea I have been endeavoring to maintain, viz: the general office of the nervous system in health and disease, and as heat is correlated by chemical action out of the animal body, much more will, it be likely to be in it, since a higher temperature is necessary to its integrity than that of the mineral.

With this view of the human system, we naturally include its demands under two great heads, viz. those which are alimen-

tary, and those which are dynamic in their character. The dividing line between the two must be relative and quite difficult to define; indeed, both may go along together at every step, and we can make the distinction where one preponderates over the other. From the time that food touches the mouth, it is more and more under the influence of chemical or dynamic forces, and we might call the process of change that it undergoes alimentary, until it becomes changed into the highly organized protein compounds for assimilation. Yet these two processes seem to meet on common ground, and mutually minister to the good of the whole system as soon the chyle becomes a part of the great vascular current; and from that up to the completion of assimilation.

The respiratory processes might perhaps be susceptible of a similar division. This view of the human system very much simplifies the study of physiology; and simplifying its physiology must pave the way for much more readily meeting the demands of its pathology. In the treatment of disease, perhaps, we may not irrationally divide our remedies into alimentary and dynamic; the aliment in many cases, being as much a matter of discrimination as the drugs themselves. If we do make this distinction in the treatment of disease, we at once relieve ourselves of much perplexity, and we more readily answer some objections upon which our opponents, at present, place much reliance. Of course the crude poisons, previous to their passage from the alimentary canal must demand treatment more nearly in accordance with the ordinary rules of chemistry; so mechanical obstructions must be regarded as such, and treated accordingly.

I will now speak of muscular action. Previously, however, to giving my explanation of it, I again quote from a standard work: "It is now admitted by both physiologists and chemists, that muscular power is derived from the action of the oxygen supplied during respiration upon the digested portions of the food, either in their circulating condition as constituents of the blood, or, after they have become part of the living tissue of the body."

But it is still a matter of dispute whether these constituents must be first converted into actual muscle before their oxidation can give rise to mechanical force; or whether it be not possible that muscular work may also be derived from the oxidation of the constituents of the blood, in their passage through the muscle, and though they may be unfit for conversion into muscular fibre."

"Liebig distinctly maintains that the non-azotized portions of the food are mere heat givers, and that the transformation of the azotized tissues is the source of the dynamical power of the animal. This view has been largely accepted. It is still supported by Ranke, Playfair, and many men of eminence. On the other

hand, it has been opposed by J. R. Mayer, who distinctly stated in 1845, that a muscle is only the apparatus by means of which the transformation of force is effected, but it is not the material by the change of which the mechanical work is produced; and he regarded the blood, a slowly burning fluid, as the oil in the flame of life. Lawes, and Gilbert, were led to similar conclusions from their observation on the feeding of cattle, and Mayer's view has recently received experimental confirmation from Voit, and Ed. Smith, and particularly from Frick and Wislicenus, and from Frankland."

Frick and Wislicenus have shown that the oxidation of muscular fibre, as shown by the amount of urea excreted was not more than about one third of what was necessary to occasion the effect. As far as their experiments go, it is clear that something beside azotized material is expended in maintaining the energy manifested by muscular action.

Thus you see the difficulties that eminent physiologists and chemists have had to encounter, and the conflicting opinions they have entertained in their search for the origin of muscular power. No one had the good fortune to solve the question; to discover the harmonious workings of the human frame; to rear the theoretical structure which would be supported by facts and analogies. When we consider the vast amount of oxygen received into the blood and necessary to the maintenance of life, we are naturally led to the conclusion that it has a special office beyond æration, viz., as aid in the production of all vital phenomena. The nerve masses require a proportionally larger amount of blood than other parts; this would argue a like demand for oxygen as well as for the other constituents. The idea of oxidation has been well entertained; but there has been a great deal of erroneous theorizing as to its special application. My view of nerve dynamization, however, harmoniously centralizes facts, and is supported by the numerous analogies. Upon this view man involves within himself one great compound battery that in health will enable him to adjust himself to the manifestations of any action or condition that may be termed physiological. The vesicular nerve masses found in different parts of the body, are the points at which the nerve force develops; the ganglionic interlacements may be partly designed for the correlation of it; the nerves are the electrodes. With this combination in mind, the origin of muscular power is not difficult to discover. It appears to us in all the beauty of simplicity when we make use of comparisons that are ready to our hand.

When we consider the electric current generated by chemical action as passing through liquid and solid mediums, and that both of these mediums are thrown into a state of polarization, of an intensity proportionate to that of the current; when we consider the polarization produced by induction, as manifested by electricity induced by

friction, chemical action, and also by magnetism, we are not surprised, neither do we expect to surprise others if we look upon a muscle as being thrown into a state of contraction by nerve force. There is no stretch of analogy, to view the minutest particles of the sarcoous elements, to be thrown into a state of polarization, and somewhat, as in the magnet, the attraction of opposite poles of these parts for each other so operating as to contract in a line corresponding to its axis. In order to this polarization and contraction, you will at once perceive that it is not necessary that the nerve fibres be distributed to all these minute parts, but by analogy to different parts of the muscle or the muscular fibre. This might be supposed to be capable of accomplishment by a modification of the ordinary chemical battery ; by chemical (nerve) action, which would imply that there might be a change in the muscle itself; a supposition which is uniformly verified. The idea of nerve force operating to effect the contraction of muscular fibre, would seem to be favored by our every-day observations. We often see the man with a decided preponderance of the nervous over the muscular in his constitution, to lift far out of proportion to the size of his muscles, as compared with one of an opposite constitutional endowment. Again, if muscular manifestations and power are not dependent upon nerve force, how do the insane not unfrequently make such continued and almost superhuman muscular efforts? If muscles in such cases were dependent for their power upon their own oxidation or waste, how could these maniacs keep up these efforts so continuously without food or drink? That nerve force effects the transformation in the muscular fibre, is also favored by the manifestations of muscles in the state of spasm and paralysis. In the healthy state of the system, nerve force to the production of muscular action is transmitted and interrupted at will. We can readily see how that derangement in the nerve combination might interrupt either one of these incidents, while the other might prevail; something as would be the case on cutting off the magnet from an electro-magnetic machine, and reducing the current to a continuous one.

It was observed many years ago by Porrett, when water was placed in a diaphragm apparatus, one side of which was connected with the positive, and the other side with the negative electrode of the battery, that a considerable portion of the liquid was transferred from the positive to the negative side of the arrangement.

It has since been found that the same result occurs in a minor degree when saline solutions are electrolysed, and, generally, the greater the resistance which the liquid offers to electrolysis, the greater is the amount which is thus mechanically carried over. In all these cases the water carries with it a proportion of the salt which it holds in solution. It appears from the researches of Wiedemann, which have been confirmed by those of Quinke,

that the amount of liquid transferred, *cæteris paribus*, is proportioned to the strength or intensity of the current; that it is independent of the thickness of the diaphragm by which the two portions of liquid are separated; and that when different solutions are employed, the amount transferred in each case, by currents of equal intensity is directly proportional to the specific resistance of the liquid.

If a capillary tube, bent in the form of a letter U, filled with an imperfect conductor, such as alcohol or distilled water, be connected by platinum wires with inner and outer coatings of a charged leyden jar, the level of the liquid is raised in the negative limb, and depressed in the positive limb. The quantity of liquid thus carried over is proportioned to the electromotive power of the arrangement, and is independent of the length of the tube.

If oil of turpentine, or bisulphide of carbon, be substituted for water, and the two platinum wires be connected with the positive and negative conductors of the electrical machine, the movements are reversed, the fluid rising in the positive bend.

It has been observed by Jurgensen, that light particles of water are transferred in a direction opposite to that in which the water is carried under the influence of the current; and these motions are diminished by addition of any salt or other substance which increases the conducting power of the liquid. Into a straight piece of capillary tube let distilled water containing a few granules of starch in suspension be placed, and let the liquid be connected with the positive and negative conductors of the machine by means of platinum wires sealed into the tube; it will then be seen that granules in the center of the tube, pass toward the negative electrode, whilst along the sides of the tube, is a return current toward the other electrode.

Quinke employed granules of lycopodium, which are sufficiently uniform in size, and very nearly of the same density as water, and ascertained by watching their motion under the microscope, that the velocity of a particle near the axis of the tube is proportional to the intensity of the current.

I need not argue the bearing that the passage of water and saline solutions through a diaphragm by electric force, may have upon this argument. You see the analogy, and will not fail, I think, to regard nerve force as capable of controlling the processes of endosmose and exosmose in the human system as electric force is out of it. The fact, however, that the greater resistance the saline solutions may offer to electrolysis, the more readily do they pass over, is a significant one. Let us take these facts as pointing to a clearer view of the laws that regulate these processes; as showing the way for the better understanding of both physiology and pathology. The fact that the amount of liquid transferred is proportioned to the strength or intensity of the current, may be equally significant, though it is no more than

we might expect, i. e., if the liquid were transferred, at all, in this way. The rise or fall of the liquid in a bent capillary tube, also the passage of particles in the axis of a straight one, in an opposite direction to the contained liquid, may be repeated, though in a more refined manner, in the human organism.

The secondary results of electrolysis are many curious and instructive in their analogous bearing. But I forbear entering into particulars, thinking enough already has been adduced to show the reasonableness of my views relating to the functions of the animal economy.

From the facts enumerated, we can readily place catalysis as an electric or nervous action; the catalytic agent acting by its presence to produce a change in the electric state of one or more constituents, so that the chemical affinity of such constituents may be much more energetically manifested.

The ciliary movements observed in the different passages and cavities in our bodies, are explained by attributing them to nerve force; their direction may be in accordance with the direction of the current toward the outlets of such cavities.

It naturally follows that diseases must be viewed as generally dynamic in their character; and the treatment must fall into the same category. The dynamic force and elective affinity of diseased action is demonstrated to us in almost every case, if we pay attention to the data presented.

Here we find the rationale, the law, I might say, of metastasis, sympathy, and reflex actions. The metastasis of inflammation of the parotid gland to the testicle is explained, on the view of the nerve relations of these parts, as adduced from the facts considered, better than any other way. These are especially the attraction between parts; the disposition to change places of constituents even distant in combination, that are in opposite electric states, as positive or negative, either naturally or induced. We are only to premise that these distant parts enter into the same nerve (electric) arrangement, and that disease is a force that may admit of election or combination, and we can readily complete the analogy.

Sympathy and reflex movements, with some modifications, come under the same play of affinities and rule of change in the relative position of constituents; remedies may dynamically oppose objectionable changes.

Under the analogy thus presented, the effect of anæsthetic agents is beautifully explained. It is simply that they prevent the occurrence of proper oxidation in the voluntary nerve masses. Their direct influence must fall upon the nerve substance, and not the blood, for were the blood primarily affected, we might expect that other parts would be nearly, if not quite, as much affected, which is not the case. This selection of special parts by anæsthetics may lead us to see the reasonableness of the idea that

medicines in like manner may select, or have an affinity for the parts upon which they may exert a special influence.

We thus see that the changes in the body, of every character, of carrying lower constituents up into higher forms, and then resolving such higher forms into lower and simpler ones, are nothing more nor less than the natural order and function of the system, as under the direction and control of these nerve affinities, or forces; that there is chemistry all the way and everywhere throughout the human body⁶; but chemistry on a definite plan; a plan, in accordance with this ever-present unit that controls from the first dawn of existence to the latest period of life.

Also that in processes of nerve affinities in the system, as much as of the electric in ordinary chemistry, the free positive and negative may be developed and unite; and produce animal heat upon a plan much more economical and simple than it would be if dependent upon mere combustion, upon which so much has been said and written.

Further, that muscular power is much better conserved, by this theory, than by oxidation merely, or the development of force by resolving higher chemical or organic compounds into lower forms.

It simplifies, it may give us a law for controlling the processes of endosmosis and exosmosis throughout the system in health, and in disease, may account for many morbid phenomena that previously have been unexplainable; and this being admitted as governing these processes, the most formidable manifestation of the same as in cholera, where all the fluids of the body rush to the alimentary canal, the positive nerve current may rush from the periphery to that canal carrying the fluids along with it; that while the nervous system may fail to properly conserve the nutritive processes, it may admit of such changes in the relation of constituents as dynamically to reverse the natural order of the endosmotic and exosmotic currents, and lead to such a terrible flow.

From all the facts adduced, we may naturally judge that the cells of the embryo may correlate nerve forces as really and appropriately as when developed into distinct masses and organs at a later period; especially so, since the fully formed vesicular nerve matter exhibits no more than the persistent state of the cells of primitive development.

With these explanations of nerve influences we can the better account for monstrosities and defects of development, etc., as induced by maternal impressions or by ordinary hereditary influences.

Surgical Department.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

Novel Mode of Dressing Wounds.—The different ways of treating wounds after operation is fast becoming a matter of individual whim on the part of the surgeon. Some prefer cold water dressing, some nothing but lint, others use dilute carbolic acid, etc. but recently we find a still different mode mentioned in the Jan. number of the Am. Journal of the Medical Sciences. Dr. Dolbeau introduced it. He uses Alcohol, pure and of the strongest commercial quality, to dress wounds after amputation, or after the extirpation of tumors, when the hemorrhage is arrested and the part ready to be done up. He first washes the cut surfaces with alcohol and then dresses them with fine linen, after which he uses the dressing, which “consists in filling up the cavity caused by the loss of substance, or covering the flaps of the amputation, with feathery tufts of fine charpie soaked in pure alcohol. The dressings are then enclosed in a double envelope of the impermeable gutta-percha tissue, which has of late years superseded oiled silk for most medical and surgical purposes, and which is superior as regards elasticity and cheapness. The whole of the dressing and coverings now described are retained in position by a few rounds of a bandage.” These remain until next day when all are removed, with care to avoid bleeding, and if the edges of the lint adheres, alcohol must be syringed on them to loosen them. This continued from five to ten days, the part is found quite embalmed and showing a “slate grey” color. This can be kept up for a long time if desired, so that the patient may regain strength, when glycerine dressing is to be used to admit of suppuration which must occur to allow of cicatrization. But if requisite the dry state can be again produced by resorting

to the alcohol dressing. If the alcohol vesicates the skin, starch or rice is powdered on it, and if the edges swell much, starch poultices are used. The parts are syringed with alcohol every morning while the suppuration is going on so as to ensure the coming away of all the sloughing parts. The wound closes up very slowly but Dr. D. claims that this dressing prevents traumatic inflammation, but we know that proper homœopathic remedies will readily control any undue inflammation of the kind without any alcohol dressing.

Traumatic Tetanus.—An experiment of value was recently performed by Dr. Maunder. For a case of tetanus following injury to the three inner fingers he cut the ulnar, radial and median nerves of the arm but the case progressed with aggravated symptoms to a fatal termination.

Successful Ovariectomy.—A woman recently had the left ovary removed and subsequently the right ovary became diseased and was also successfully removed.

Nitrous Oxide Anæsthesia.—We find among the miscellanea of the January number of Braithwaites Retrospect a useful hint upon the more effectual mode of administering nitrous oxide so that its full anæsthetic effect may be the more thoroughly and the more speedily felt; which we will give. "Any admixture of air with nitrous oxide greatly impairs its efficacy as an anæsthetic. The insensibility is less perfect, and less speedily produced than when the gas is perfectly pure. The apparatus should be so arranged that the residual air of the lungs can be first diluted with nitrogen, and then pure nitrous oxide may be turned on for inspiration. During the inhalation of nitrogen the pulse will be found to fall steadily but upon supplying the nitrous oxide it soon regains its force and frequency."

We remember some time ago having seen the description of an instrument for making and washing the nitrous oxide gas just as it is used and the arrangement was so complete that no air could be admitted from the lungs or elsewhere, and the expired air or oxide passed into the atmosphere. The gas could be turned on just at the end of an expiration when the lungs were comparatively exhausted of air.

Improved Vaginal Speculæ.—For surgical operations about the uterus, or along the vaginal canal, the difficulty of obtaining room to operate in is well known, and the old form of speculum having but a small opening at its outer end is remedied by Hughes

speculum improved, which is a bivalve instrument as will be seen by the subjoined cuts:

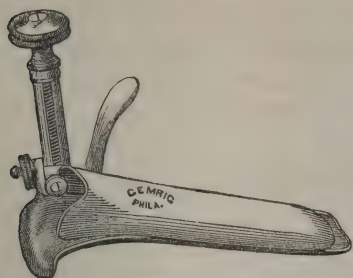


FIG. 1.

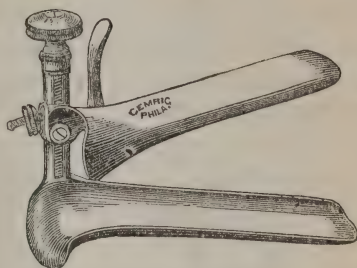
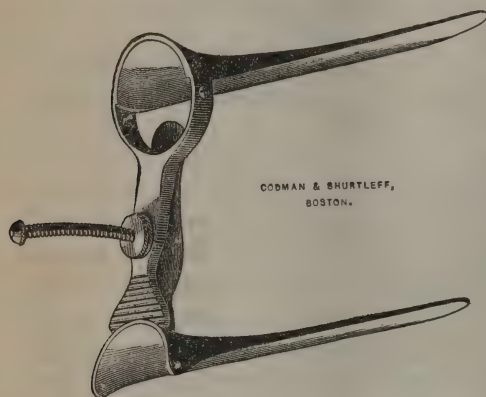


FIG. 2.

Fig. 1 shows the instrument closed, and Fig. 2 exhibits it dilated as when in use. The lower blade is a permanent one and has an upright piece on one side which holds the long screw by which the upper blade is elevated, and through this means the outlet of the vagina is widely dilated. On the upper blade is seen a thumb-piece the use of which is to elevate the inner end of the upper blade after the speculum is inserted, and in this manner the upper part of the vagina is considerably distended. A curved screw with a burr on the outer end is noticed on the upper blade. This runs through an attachment and opening on the lower blade and holds the upper blade at any required angle of dilatation that may be needed, simply by tightening or loosening the burr.

There is another good speculum which is useful in some surgical operations upon these parts, brought out by Nott, the cut of which we have not on hand. It is a trivalved instrument of very odd shape. The lower blade is the longest and widest and is the permanent one, while the two superior blades are moveable obliquely upwards and outwards when applied—each having a long diverging screw attached to the large blade and each screw being supplied with a burr on its end which serves to hold the blades open when once dilated. Either one or the other or both can be dilated or closed in this way at pleasure. In this manner a wide anterior space of the vagina is left exposed when the instrument is applied in the usual way so that the speculum is very little in the road in operating. The upper blades have also at their extremity a sliding piece with a slit in them and through which a screw passes to hold the sub-piece to the blade. If the instrument is found too short these pieces may be

slid along the blades before inserting the speculum, and thus extending the length of the blades considerably if required, and then the screw can be tightened and the piece will be held in position and the speculum again inserted. The internal dilatation being in these oblique directions gives a very large space in cases where this consideration is wanted by the surgeon.



We will also show the Storer Speculum, and explain its use briefly, as it is a useful surgical instrument. "The accompanying cuts represent an important improvement upon any form of speculum hitherto in use, lately devised by Prof. Horatio R. Storer and exhibited by him to the Suffolk District Medical Society, on September 26th.



It will be seen that by a simple spring attachment at the side of the Cusco bivalve, (represented at A,) the blades may at once be disjointed, swung around back to back, and there fixed by a turn of the nut already existing upon the screw traversing the handles, with the effect

of giving a retractor equal in working facilities to that of Sims', known as the Duck bill.

Dr. Storer's instrument is, in fact, a duplex one; as a speculum retaining the excellence of Cusco's instrument, and as a retractor better for ordinary purposes than the complicated and

more expensive instruments of Emmet, Bozeman, Pallen, and Bryant.

The history of the invention may be given in Dr. Storer's own language, when describing it to the Society.

A year ago I was discussing with my assistant, Dr. Stone, the features of Dr. Thomas' Teloscopic Speculum, and remarked to him that while I was averse to the unnecessary multiplication of instruments, I thought it possible to improve upon the best yet in use, which I considered Cusco's to be. Some six months afterwards I had occasion to remove the stitches from the anterior vaginal wall, after an operation for vesical fistula, and happened to have no retractor with me. I therefore directed Dr. Stone to remove the screws connecting together the blades of Cusco's instrument, and by reversing their relative position I had at once the retractor I desired. By subsequently attaching a moveable spring peg in place of one of the screws, and rendering the other one a fixed point, immediate change from the speculum to the retractor, and back again, became possible by a slight touch of the finger."

This instrument, from its combining the advantages of two separate and distinct mechanical principles, and thus making one instrument serve the two, will probably come into almost universal use. It has been styled by Dr. Storer the "Boston Speculum," but will doubtless be known by its own name.

Tapping the Male Bladder.—The most recent and probably the safest and best mode of puncturing the bladder where the urethra cannot be entered in the usual manner, and the bladder must be evacuated speedily, is through the rectum with a long curved trocar and canula. Care must be exercised so as not to thrust it through too high up, or you will wound the peritoneum, but it must go high enough to reach the bladder, of which circumstance however a remembrance of the anatomical relation of parts will enable the operator to judge correctly. When the urine is evacuated the canula must be left in for one, two, or three days or until the urethral canal is opened for the flow of urine again, which must be accomplished as speedily as possible. The canula must be held in position by means of tapes and adhesive strips.

Colleges, Societies, etc.

New York Homœopathic College.—The tenth annual Commencement was held at the hall of the Young Men's Christian Association cor. 23d st. and 4th ave. New York City, on Saturday evening, March 5th, 1870. We condense from the New York Herald of March 6th the following report :

S. H. Wales, Esq., vice president of the Medical College, then proceeded to confer the degrees upon the successful graduates, prefacing the ceremony by a few appropriate remarks of a character highly complimentary to the gentlemen about to be honored with their diplomas. Of the thirty-eight gentlemen empowered by the faculty to practice medicine no less than twenty-two are from the city and State of New York, a fact significant as to the progress of homœopathy in the metropolis and its vicinity. Special degrees were conferred amid much applause upon Edwin A. Lodge, M. D., Detroit, Mich.; Walter Pardee, M. D., New York; and A. B. Conger, Rockland, N. Y. A magnificent performance of "Christmas Bells" upon the fine organ by Mr. Morgan here enlivened the exercises, after which S. H. Carroll, M. D., of the graduating class delivered an address, in the introduction to which he paid a high compliment to the faculty of the college. For the sake of a little change Signor Randolfi here sang Reichardt's "I Know an Eye" in his best baritone. Professor James A. Carmichael, M. D., then delivered a valedictory address to the graduates, urging them to spare no pains to advance the interests of the science conjointly with their own. A splendid floral memento composed of exquisite lilies and a delightful variety of other flowers, and on which was inscribed in brilliant colors the words "From the Class 1870," was presented to the faculty, and after a solemn benediction the assemblage separated to the sweet swelling music of the grand organ.

The degrees of Doctor of Medicine was then conferred on the following gentlemen.

GRADUATES.

Wm. A. Allen, New York.	Max. F. Hein, New York.
James A. Bennett, New York.	E. S. Haywood, Amsterdam, N. Y.
Asahel M. Bennett, Rochester, N. Y.	Irv. W. Hotaling, Sommerville, N. Y.
Calvin C. Bennett, New Haven, Ct.	Silas A. Hunter, New York.
Lafayette Bushnell, New York,	Edwin Miner, New York.
William W. Burnett, Harlem, N. Y.	Willis G. Pope, E. Hardwick, Vt.
W. E. Buckingham, Milton, N. Y.	Isaac W. Pond, Linerville, Pa.
William H. Buck, Woodstock, Ill.	Jesse D. Pitt, Bloomfield, N. J.
Stephen H. Carroll, Albany, N. Y.	A. J. Richardson, Brooklyn, N. Y.
Geo. D. Cochran, Schenectady, N. Y.	Herbert J. Spencer, Winfield, N. Y.
J. W. Conrad Cox, A. B., Lond. Eng.	Myron F. Styles, Northfield, Vt.
William H. Duden, Clio, Iowa.	Truman R. Smith, Rochester, N. Y.
J. Titus Deyo, New York.	Fred. E. Stafford, New York.
Jason W. Drake, Dover, N. H.	Wm. W. Tufts, A. M., Newark, N. J.
Louis Drescher, New York.	E. A. Towne, Windsor Locks, Conn.
Benjamin Franklin, A. M., N. Y.	William H. Vyse, New York.
Archy Fraser, Toronto, Ont.	John K. Warren, Lake Vill. N. H.
Charles E. Gilbert, New York.	Elliott E. Wood, Winsor Locks, Ct.
Geo. G. Hitchcock, Unionville Ct.	Wm. W. Waugh, A. B. St. Louis, Mo.
J. Halsey White, Harlem, N. Y.	

Special Degrees.

Edwin A. Lodge, M. D., Detroit.	A. B. Conger, Rockland, N. Y.
Walter Pardee, M. D., New York.	Total 42.

The next term of the College will open Oct. 1st, under very flattering prospects. The faculty of the College is as follows :

FACULTY.

Jacobus Beakley, M. D., Prof. of Surgery.
Samuel B. Barlow, M. D., Prof. of Materia Medica.
James A. Carmichael, M. D., Prof. of Anatomy.
D. D. Smith, M. D., Prof. of Obstetrics.
F. W. Hunt, M. D., Prof. of Medical Jurisprudence.
James H. Ward, M. D., Prof. of Theory and Practice.
Charles Avery, LL. D., Prof. of Chemistry.
Henry N. Avery, M. D., Prof. of Physiology.
Egbert Guernsey, M. D., Lecturer on Gynæcology.
I. S. P. Lord, M. D., Lecturer on Cellular Pathology.

Hahnemann Medical College Philadelphia.—The Annual Commencement was held on Wednesday, March 9th, 1870. The exercises were opened with prayer by Rev. Edward W. Appleton. Prof. C. G. Raue, M. D., delivered the valedictory address.

The President of the Board of Trustees then conferred the degree of the College upon the following gentlemen :

GRADUATES :

V. F. Alexander, Md.	Henry M. Lewis, Nevada.
Myron H. Adams, N. Y.	Chas. A. R. Moore, Va.
John P. Birch, Pa.	Robt. L. McIntire, Pa.
Henry Baethig, Jr., N. Y.	Joseph A. Moke, Prussia.
James H. Blake, Texas.	Harry P. Mera, M. D., N. Y.
Freeman Berry, Jr., R. I.	John Nottingham, N. J.
T. R. Blackwood, N. J.	Trimble Pratt, Pa.
Jedediah M. Barton, Mass.	Nelson A. Pennoyer, Wis.
William H. Crow, Del.	Geo. W. Parker, Pa.
A. P. Chalker, N. J.	Chas. W. Perkins, N. J.
Sam'l. H. Colburn, Va.	Amos A. Roth, Pa.
Thos. S. Dunning, Del.	Joseph M. Rotzell, Pa.
Olin M. Drake, Mass.	Wm. Benj. Reynolds, Pa.
Silas B. Dickerman, N. H.	Benj. F. Reich, M. D., Pa.
E. H. Eisenbrey, Pa.	Hyland W. Rice, Ill.
Moses M. Frye, N. Y.	Geo. M. Romig, Pa.
Geo. Tyler, Flanders, Vt.	Richard Schulz, Germany.
Richard Gardiner, Jr., N. J.	Elhanan Z. Schmucker, Pa.
Wm. C. Goodno, Pa.	Chas. M. Savage, Ohio.
Asa S. Gaskill, N. J.	Geo. R. Spooner, Mass.
Alfred K. Hills, Mass.	John C. Slay, Del.
Eugene F. Hoyt, N. Y.	Wm. G. Taylor, Pa.
Jacob Iszard, N. J.	Eugene C. Thompson, Ohio.
Samuel Kennedy, Pa.	Jeptha W. Tatem, N. J.
Randal M. Lytle, M. D. Tenn.	

SPECIAL DEGREES.

James H. Patton, Richmond Va.

HONORARY DEGREES.

Carroll Dunham, M. D., N. Y. T. F. Allen, M. D., N. Y.—Total 52.

Bouquets which had been sent by their friends were then presented to the graduates.

After a benediction the audience separated.

A very pleasant interlude occurred in the commencement exercises. Among the graduates was Mr. Henry M. Lewis, a young gentleman from the Territory of Montana who had studied with Doctor Henry Minton, of Brooklyn. He received a package containing a splendid gold watch, bearing upon the inside of its case an appropriate inscription, from his former preceptor who thus pleasantly surprised his student.

SURGICAL CLINIC.

Report of surgical operations performed in connection with the clinic of the Hahnemann Medical College, during the session of 1869-70, by Malcolm Macfarlan, M. D., Prof. of Clinical Surgery:

Resection of ramus and part of body of lower jaw,	1
Amputation of the thigh, middle 3d,	1
Amputation of forearm, flap operation,	2
Amputation of the arm near shoulder,	1
Amputation of fingers,	2
Operation for the radical cure of inguinal hernia,	1
Operation for the relief of femoral hernia,	1
Operation for the relief of inguinal hernia	1
Removal of fatty tumor from the side—weight 3 pounds,	1
Operation for stricture of urethra by internal division,	1
Phymosis,	2
Fistula in perineo,	1
Fistula in ano,	1
Hypospadias,	1
Operation for stricture of the rectum,	1
Fracture of the clavicle,	1
Fracture of the humerus,	1
Fracture of the radius,	1
Fracture of the condyles of humerus,	1
Fracture of the tibia,	1
Removal of necrosed bone from the tibia,	1
Dislocation of the shoulder,	1
Dislocation of the wrist,	1
Tenotomy,	1
Ganglion, of the wrist,	1
Paronychia,	1
Removal of cancerous breast,	1
Removal of tumors of the scalp,	3
Foreign bodies from the eye,	2
Tumors of the eyelids,	2
Operation for ptosis,	2
Blepharoplasty,	1
Entropion, operation for	1
Ectropion, " "	2
Operations for obstruction of lachrymal passages,	5
Pterygium, operations for	2
Staphyloma, " "	2
Strabismus " "	6
Extirpation of the eyeball,	1
Removal of tumor from orbit,	1
Van Graefe's operation for hard cataract,	5
Secondary needle operation on capsule,	1
Formation of artificial pupil,	3
Removal of septum of nose for tumor,	1
Simple hare lip operation,	1
Complicated hare lip operation,	1
Division of the frænum of the tongue,	1
Excision of diseased uvula,	1
Operation for cleft palate,	1
Otoplasty,	1
Extirpation of a large fibrous tumor from the neck,	1

Total, 77

In addition, many cases of a minor character were treated medically and otherwise,

Cincinnati Homœopathic Medical Dispensary.—At the regular annual meeting of the subscribers and physicians of the Cincinnati Homœopathic Medical Dispensary, on Monday, March 7th, the following yearly report of Dr. Cloud, Surgeon in charge, was read, and the following gentlemen elected Trustees for the ensuing year:

REPORT FOR 1869.

No. patients remaining Jan. 1 1869,	51
No. patients received during the year,	1,707
No. patients recovered during the year	1,630
No. patients sent to hospital,	44
No. patients died,	12
No. patients remaining Jan. 1, 1870,	72
No. visits made during the year,	1,325
No. prescriptions made during the year,	4,338

TRUSTEES FOR 1870.

John P. Eppley, J. H. Cheever, Dr. T. C. Bradford, Dr. E. B. Thomas, F. Eckstein, E. H. Carter, Gazzam Gano, J. Webb Jr., E. P. Bradstreet, Howell Gano, A. A. Hinkle, Coleman Hitchcock, Wesley Taylor, Hon. P. W. Strader, Alfred Fontayne, Dr. J. H. Pulte, Hugh McBurnie, Rev. E. P. Wright, Robert Allison, C. F. Bradley.

OFFICERS.

John P. Eppley, President; Wesley Taylor, Vice-President; Gazzam Gano, Treasurer; Dr. J. A. Cloud, Secretary.

[For the American Observer.]

Union Homœopathic Medical Society of Richland, Huron, and Knox Counties, Ohio.—The third meeting of this society was held in Shelby, Richland Co., Ohio, March 3d, 1870, Dr. Tims, President *pro tem.*, in the chair. The following members were present: Drs. Tims, Anderson, Fackler, Florer, and Clay.

The censors reported the names of Dr. E. A. Keiser, Dr. Wm. Knoff, Dr. E. M. Hall, Dr. G. Ferrall, and Dr. G. Young as eligible for membership, and they were by a vote of the Society elected. The treasurer's report was read by Dr. Fackler, and on motion approved by the Society. Reports from committees on medical topics were then presented.

Dr. Tims read a report on the treatment of diseases caused by worms. Dr. Tims recommended Santonine in half grain doses alternated with Mercurius solubulis 1st, as an anthelmintic. He recommended expulsion of the worms as soon as possible, by giving medicine that would kill them and drive them from the bowels, and that the diseases resulting from their presence would then vanish. He thought the best time to give the medicine was in the evening.

Dr. Anderson asked the doctor if there was not a cause which formed the worms that ought to be cured.

Dr. Tims replied that he gave constitutional treatment after he had the worms removed.

Dr. Clay asked the society for their treatment in ascarides.

Dr. Fackler stated that he had been very successful with Sulphuric ether as an injection, 20 drops to a gill of warm water; one injection being sufficient to bring away all the ascarides, and give immediate relief. He recommended Sulphur 30th or 200th, one dose a week, for the cause of their formation.

Dr. J. A. Florer reported several interesting clinical cases.

Dr. J. C. Anderson presented a verbal report on hygiene.

The elections of officers being next in order, resulted as follows: President, Dr. J. H. Tims; 1st Vice-President, Dr. E. A. Keiser; 2d Vice-President, Dr. G. Young; Secretary, Dr. J. M. Fackler; Treasurer, Dr. J. A. Florer; Censors, Dr. J. C. Anderson, D. H. Hall, E. A. Keiser, J. A. Florer, and J. C. Clay.

The following special committees were then appointed by the Secretary, to report at the next meeting of the society: Bilious diseases, Dr. Young; Anatomy, Dr. Hall; Clinical medicine, Dr. Florer; Diseases of women, Dr. Clay; Acute diseases, Dr. Keiser; Surgery, Dr. Tims; Materia Medica, Dr. Fackler; Diarrhœa, Dr. Crocket; Carcinoma, Dr. Dr. Kesler; Croup, Dr. S. S. Smith; Pneumonia, Dr. Kesler, Jun.; Potencies, Dr. H. S. Barbour; Hygiene, Dr. J. C. Anderson; Homœopathy, Dr. Knoff; Intermittent fever, Dr. G. H. Ferrall.

Dr. Clay moved that the minutes of this meeting be sent to the "*American Homœopathic Observer*," and to the editors of our county papers for publication; which motion was adopted.

The society adjourned to meet in Shelby, the first Thursday in June, 1870.

J. M. FACKLER, Secretary.

Abstract of Proceedings Nineteenth Annual Meeting of the New York State Homœopathic Medical Society.—The Society met pursuant to Statute, at 11 A. M., Tuesday, February 8th, in the Common Council Chamber, City Hall, Albany; Dr. Wm. Wright, of Brooklyn, President of the Society, occupying the chair.

Prayer was offered by Rev. Dr. Sprecher, after which the President delivered his inaugural address.

The minutes of the last session were then read and approved.

The following were elected permanent members of the Society: Drs. H. B. Millard, New York; H. N. Avery, Poughkeepsie; H. E. Morrill, Brooklyn; F. W. Ingalls, Kingston; C. G. Clark, Troy; G. H. Beach, Sandy Hill; J. N. White, Amsterdam; L. B. Waldo, Oswego; S. C. Knickerbocker, Watertown; E. C. Bass, Cazenovia; H. Doty, Margarettsville; C. E. Swift, Auburn; W. M. Gwynn, Throopsville; H. S. Hutchins, Batavia; A. T. Bull, Buffalo.

The following were elected honorary members: Drs. John Drummond, Manchester, England; John J. Edie, Leavenworth, Kansas; John Drysdale, Liverpool, England; — Von Grauvogl, Nuremberg, Germany; H. R. Madden, London, England; D. G. Woodvine, Boston, Mass.

The Treasurer presented his report.

Dr. Waldo, from the Business Committee, read papers by their titles, several of which were read in full, and moved their reference to the Publication Committee.

The *Modus Operandi* of Medicine in Curing Disease: By William Wright, M. D.

The repetition of the Dose: By H. S. Benedict, M. D.

Carditis: By T. J. Pettit, M. D.

Oxalate of Cerium: By J. W. Cadmus, M. D.

The Blood in Pulmonary Tuberculosis: By H. N. Avery, M. D.

Report on Clinical Medicine: By Dr. W. A. Ely, M. D.

The Proper Dose: By Henry Noah Martin, M. D.

The Homœopathic Dose: By George F. Foote, M. D.

Trephining the Tibia: By L. Pratt, M. D.

The Future Progress and Triumph of Homœopathy: By J. H. P. Frost, M. D.

Five Points House of Industry — Report of Children's Hospital: By B. F. Joslin, M. D.

Report of the Hahnemann Hospital, New York: By F. Seeger, M. D.

Cypripedin: By C. F. Mitchell, M. D.

Verbena hastata in Rhus poisoning: By S. W. Griffin, M. D.

Placenta prævia: By S. W. Griffin, M. D.

Letters from Dr. H. D. Paine, New York respecting the illness of John F. Gray M. D.

Report of the New York City Homœopathic Dispensary: By A. P. Throop, M. D.

Report of the Westchester Homœopathic Medical Society.

Spotted fever: By B. F. Joslin, M. D.

Obituary notice of H. S. Benedict, M. D.: By James M. Cademus, M. D.

Obituary notice of Josiah Bowers, M. D.: By B. F. Bowers, M. D.

Phthisis Pulmonalis: By L. B. Waldo, M. D.

Application of the bandage in surgical cases: By Dr. Hotchkiss.

Zizia Aurea: By T. C. Duncan, M. D.

Pathology of Leukæmia: By I. S. P. Lord, M. D.

Letters were received from the following gentlemen: Drs. H. D. Paine, H. Doty, L. Clary and L. Dennis.

Dr. Waldo offered a resolution which was adopted, extending the sympathy of the Society to Dr. John F. Gray, in his present serious illness, which has prevented him from being present.

Dr. Watson read a paper written by Dr. Martin, entitled "The Dose; its potency and the frequency of its administration."

An interesting case of Bright's disease of the kidneys, was described by Dr. McMurray, and remarks were made by a number of delegates.

The President, Dr. Wright, read his paper entitled "The Modus Operandi of Medicine."

Dr. Joslin made some remarks on vaccination, which excited an interesting discussion.

The question of uterine diseases and the use of the pessary was next discussed by Drs. Throop, Jones, Joslin, Waldo, Searle, Avery, Holmes, McMurray and others.

In the evening the members assembled at the Assembly Chamber to listen to the address of Dr. Wm. S. Searle, of Brooklyn, on the subject of: "The Status of the Medical Profession in America." The Doctor presented an able and graceful elaboration of the topic.

Dr. H. N. Smith, chairman of the Committee on Amending the By-Laws, presented a report.

Reports of delegates to the various State Medical Societies were read and adopted.

The report of the Nominating Committee was received, and the following officers elected:

President.—L. B. Wells, M. D., Utica.

First Vice-President.—E. H. Hurd, M. D., Rochester.

Second Vice-President.—E. P. K. Smith, M. D., Auburn.

Third Vice-President.—T. F. Allen, M. D., New York.

Recording Secretary.—H. M. Paine, M. D., 104 State street, Albany.

Corresponding Secretary.—E. D. Jones, M. D., 140 State street, Albany.

Treasurer.—W. S. Searle, M. D., 119 Montague street, Brooklyn.

During the meeting, reports from the following public institutions and societies were presented by the Business Committee, and several of them were read. They were accepted for publication in the annual volume of Transactions, and were accordingly referred to the Bureau of Registration and Statistics:

Hospital in connection with the Five Points House of Industry, New York; Hospital in connection with the Protestant Half-Orphan Asylum, New York; Hospital in connection with the Homœopathic Medical College, New York; Hahnemann Hospital, New York; New York Ophthalmic Hospital, New York; Hospital in connection with Ingleside Home, Buffalo, Erie county; Insane Asylum at Middletown, Orange county; City Dispensary, Albany; Buffalo Homœopathic Dispensary; Poughkeepsie Homœopathic Dispensary; Gates Avenue Homœopathic Dispensary, Brooklyn; Brooklyn Homœopathic Dispensary; Bond street Homœopathic Dispensary, New York; Dispensary in connection with the New York Homœopathic Medical College; Metropolitan Homœopathic Dispensary, New York; Morrisania Homœopathic Dispensary; New York Homœopathic Dispensary; North Eastern Homœopathic Medical and Surgical Dispensary, New York; Western Homœopathic Dispensary, New York; New York Homœopathic Medical College; Homœopathic Medical Society of Central New York; Homœopathic Medical Society of Northern New York.

Reports from the societies of the following counties were also received: Albany, Broome, Cayuga, Chautauqua, Chemung, Columbia,

Dutchess, Erie, Kings, Livingston, Madison, Monroe, Montgomery, New York, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Rensselaer, Saratoga, Steuben, Ulster, Washington, Wayne, Westchester.

The President announced the semi-annual meeting to be held at Rochester on the second Tuesday in September, 1870.

The Society then adjourned *sine die*.

Just after the close of the meeting, the following telegram was received from Dr. J. J. Youlin, President of the New Jersey Medical Society:

"To the President and Members of the New York State Homœopathic Medical Society: Greeting:

"The bill incorporating the Homœopathic Medical Society of New Jersey, has just passed both branches of our State Legislature."

Whereupon the Secretary responded as follows: "The Medical Society of New York congratulates the homœopathic profession of the State of New Jersey in having obtained a legal status, and hopes that the advantage thus acquired, will promote the advancement, prosperity and usefulness of the practice of legitimate medicine."

Upwards of sixty members were present. More than usual interest was manifested in sustaining the Society to the full extent of its usefulness.

Homœopathic Insane Asylum.—We desire to direct the attention of our readers to the movement inaugurated by Geo. F. Foote, M. D., for the establishment, on a permanent basis, of an Asylum for the Insane where they will receive the benefits of the true art of healing. The fund required is \$400,000 of which the Village of Middletown, New York, where the Asylum has been located, gives \$50,000. The New York State Homœopathic Society expresses full confidence in Dr. Foote and endorses his plans. Until a board of Trustees is elected the following gentlemen will form an associate council: Drs. John F. Gray, Carroll Dunham, S. B. Wells, H. M. Paine, Samuel Lilienthal, Wm. H. Watson, A. K. Wright, Wm. S. Searle, and the Honorable J. Stanton Gould. An engraving of the proposed building, plans, particulars, etc. etc., can be obtained by addressing Geo. F. Foote, M. D., Middletown, Orange County, N. Y.

American Institute of Homœopathy will hold its twenty-third annual session at Chicago for four days commencing Tuesday June 7th, 1870.

Book Notices, etc.

THE HOMŒOPATHIC MEDICAL DIRECTORY of Great Britain and Ireland and Annual Abstract of British Homœopathic Serial Literature 1870. Published by Messrs. Henry Turner & Co. and for sale at Dr. LODGE'S Homœopathic Pharmacy at \$1.75.

A very neat 12 mo. volume of 368 pages bound in cloth. As it contains the names of only 277 physicians, but 28 pages are occupied with the directory proper, the remainder is filled with lists of homœopathic hospitals, dispensaries, societies, abstract of clinical reports, &c., the whole making a publication reflecting credit on the editor, Herbert Nankivell, M. D. and the publishers.

As regards homœopathy in Great Britain, it is doubtless a reliable guide, but the page (343) which gives a list of American homœopathic serials contains several inaccuracies, for instance: American Homœopathic Record, (no such publication), North American Journal of Homœopathy, edited by Dr. Adams, should be Dr. F. W. Hunt; American Homœopathist, (discontinued); Homœopathic Expositor, (discontinued); New England Medical Gazette, flourishing, yet not referred to. Three journals referred to which had no existence at date of publication of this directory, and an important one omitted; but these mistakes, which mar a single page only, do not detract from the work as a British Directory.

E. A. L.

THE OHIO MEDICAL AND SURGICAL REPORTER, published at Cleveland, Ohio, by L. H. Witte, at \$1 per year.

This journal makes its appearance regularly every other month. The March number shows us that Prof. H. H. Baxter is now associated with Prof. Wilson as assistant editor, and the first article which appears over his initials is the following fling at the "*American Observer*." It comes noted with two black marks: and is certainly a very *marked* salutatory:

UNFORTUNATE.—Dr. A. S. Hinkley, of Buffalo, some months since, wrote an article for the *Homœopathic Observer*, of Detroit, in which he virtually took grounds against high potencies. Not only so, but he held up to ridicule some of the cherished doctrines and practices of

the homœopathic school. The article has been caught up by our allopathic journals and made an effective weapon against us. The homœopathic journal in question evidently betrayed the confidence and respect of its patrons, to allow such an article to go forth without protest. If its readers are pleased at such questionable pleasantries, more's the pity; they are not in their tastes far removed from the allopaths and eclectics. There is a limit to the freedom of ridicule among friends, but the *Observer* does not seem to have discovered it.

H. H. B.

Now surely here is a very Daniel come to judgment. What consummate wisdom! What brotherly kindness to remember the "*American Observer*" so graciously on the occasion of his elevation to the dignity of co-editor of the Ohio Bi-Monthly. What delicacy in the allusion—"betrayed the confidence and respect of its patrons"—"treason in the camp, and let me brand the traitor."—Oh no, it is all to satisfy the humor of the moment. Prof. Baxter esteems the *Observer* very highly, and does not differ in opinion from his colleague, Prof. J.C. Sanders, who writes during the same month of March: "*The American Observer is a power in homœopathic literature, growing yearly in strength and influence, and no physician can afford to be without it.*"

As to Dr. Hinkley's article and the dose question. We aim to be *impartial*. Advocates of all the theories about potencies have been heard through the *Observer*, and may be heard from again. Our own views are well known, and we do not think it necessary to follow each article with a statement of our dissent from the views of the writer, and we do not suppose we could make any claim to be impartial if we excluded all that did not come up to our standard. We would rather err on the side of liberality than otherwise. We are against the use of compounds, yet printed Dr. Bellows' paper advocating their use; and would occasionally hear from some one who might verge on some other extreme. We did not endorse Dr. Hinkley's views, yet considered him entitled to a hearing.

In relation to the use made of the ridicule of high potencies by the allopaths, we will ask *H. H. B.* to look at the matter from another stand point. We know of a large number of allopathic physicians who have been brought over to homœopathy through our representations of the system. We do not know of one who has been converted by talking to them of the efficacy of the *one hundred thousandth!!!* Again: The follies of the extremists furnish our opponents the most formidable weapons they use against us; it is not our *ridicule* of exclusive high dilutionism that injures us, but the *thing* we ridicule that is

the cause of offence. Prof. B. sees this, and will discriminate. If any one does not see the difference, we will illustrate it.

A gentleman related his symptoms to his physician. After hearing the account, he very gravely took out his pocket case, opened a vial, and handing it to him, said: "Smell that sir, that is all you require—just smell it." Another, in a city where there are a dozen homœopaths, says: "I use high potencies, and am the only *pure* homœopathic physician in the city—the others are mongrels." Another: "I cure chronic diseases of long standing by a single globule of Fincke 50.000!" and so on. These are the absurdities that allopaths use, and he who shows that these vagaries are not homœopathy, does the cause service.

We have no dispute with any physician merely because he uses high dilutions. We publish reports of cases treated with high potencies as well as with low, and to the extent that they are used by the profession, they are represented in our pages; but we have no partiality for the bitter proscriptive spirit of the high potency pharisees who are as conceited and bigoted as the most exclusive sect that ever hindered the progress of truth.

We are in favor of the union of all medical men under the banner of *Similia similibus curantur*; and believe that this is practicable, but it would not be possible to unite even one tenth of professed homœopaths under the flag of "*exclusive high dilutionism*."

E. A. L.

THE MEDICAL INVESTIGATOR: AN ENGLISH DOCTOR'S OPINION OF IT.

"Oh, wad some power the giftie gie us,
To see oursel' as ithers see us;
It would frae mony a blunder free us,
An' foolish notion."

As a constant reader of the *Observer*—my favorite monthly—I don't like to see the Investigator putting on airs because it has more "lip"—*words*, you know. So I beg leave to show the editor of the Investigator how some "ithers see" his sheet.

By turning to Hughes' *Therapeutics*, article "Cancer of the Tongue," he will find that its author has expressed his opinion of the "Investigator" in a foot-note, and as follows:

"I cannot say whether the induration in the following case was syphilitic, cancerous, or neither; but it is worth rescuing from its obscurity." ("Med. Investigator," Jan. 1867.)

"Med. Investigator"—"obscurity!" What a vile word.—

"Hear it not, Duncan, for it is a knell, &c." In regard to this "obscurity," can any skillful Chicago "diagnosticator" tell us

whether the bilious tint of the Investigator was occasioned by the prosperity of the *Observer*?

MRS. GRUNDY.

ON THE PHYSICAL BASIS OF LIFE: By T. H. Huxley, LL. D., F. R. S. Second edition, New Haven, Ct.: Charles C. Chatfield. 1870. Price 25 cents.

The publisher has favored us with a copy of this address and we hope he will send the remainder of the series as printed.

This remarkable lecture is published as No. 1 of Yale College "*University Series*." The author is a learned naturalist, and one of the most earnest advocates of Darwin's theory of the origin of species. Prof. Huxley says, (p. 27.) "I individually am no materialist, but, on the contrary, believe materialism to involve grave philosophical error," and (page 33) "the materialistic position that there is nothing in the world but matter, force and necessity, is as utterly devoid of justification as the most baseless of theological dogmas." Notwithstanding these statements we do not believe that the cause of truth will be benefited by the lecture. He quotes the infidel Hume approvingly, and accepts the formula of the materialistic philosophers, "*thought may be regarded as a property of matter*."

The theory of a *protoplasm* if it was to be regarded as a basis of physical life might not be repulsive but when he says (p. 16) "*Protoplasm, simple or nucleated, in the formal basis of ALL LIFE*." It is the clay of the potter; which, bake and paint it as he will, remains clay, separated by artifice, and not by nature, from the commonest brick or sun-dried clod. Thus it becomes clear that all living powers are cognate, and *that all living forms are fundamentally of one character*," we are not surprised to find that he expects the phrase "gross and brutal materialism" to be applied to his teaching.

We hold with reverence the idea that life has a spiritual basis not a physical. That man is a complex being, body, soul and spirit—the body and animal nature mortal, the spirit immortal; the outward man changing every hour, perhaps every moment; the inner man, the responsible being, the indwelling spirit, not of earthly origin, and not subject to the changes and decay of the physical man.

E. A. L.

A MANUAL OF CLINICAL MEDICINE AND PHYSICAL DIAGNOSIS, by Thomas Hawkes Tanner, M. D., F. L. S.; Third American from the second English edition, revised and enlarged by Tilbury Fox, M. D., London, physician to the skin department in University College Hospital. Published by Henry C. Lea, Philadelphia, and for sale at Dr. Lodge's Pharmacy.

A very neatly printed 12 mo. volume of 366 pages making one of the most compact works on diagnosis. We can commend it to the attention of medical students with confidence.

The Laugh Cure.

*Medical Anecdotes, Facetiæ, etc.**

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

The Laugh Cure.—Why not as reasonable as the movement cure, the lifting cure, the water cure, the grape cure, etc?

The Reason—Dr. Rock, the famous London quack, being one day in a coffee-house on Ludgate hill, a gentleman expressed his surprise that a certain physician of great abilities, had but little practice, while such a man as Rock was making a fortune.

"Why," says Rock, "that's true—but how many wise men, think you, pass up and down this street?"

"About one in twenty," says the other.

"Well, then," replied Rock, "the nineteen come to me when they are unwell, and the doctor is welcome to the twentieth."

Certainly not.—In a barber's shop in North Shields there is a bill recommending a certain patent medicine, with a very dubious heading, "Try one box—no other medicine will ever be taken."

"Coald inhaled"—One of the certificates of death received at the New York Board of Health lately, contained the following original statement of the cause of the patient's death: "In a word spasm brought on *from coald inhaled into the stomach.*" The address of the physician making the return was given as "Avenue Bee," which makes his orthography less surprising.

Generous!—A medicine case and contents, valued at three or four dollars, was recently stolen from Dr. Pillsbury, of Lowell, and the Doctor says if the thief will return the case, he may *take the medicine*, and have "advice gratis." Very generous, considering that he would probably be beyond the reach of advice, after taking the medicine.

Big Pills.—"If you want a really unsophisticated family pill, buy Dr.——'s Liver-Encouraging, Kidney-Persuading Silent Perambulator, 27 in a box. This pill is as mild as a pet lamb, and

* We propose to print about one page a month of amusing medical anecdotes, &c. Contributions of *pure* puns, witticisms, etc., solicited.)

as searching as a small-tooth comb. It don't go fooling about, but attends strictly to business, and is as certain as an alarm clock."

Hygienic.—*Hearty Old Gentleman* (to dyspeptic friend): "Doesn't agree with you! Oh, I never let anything of that sort bother me! I always eat what I like, and drink what I like, and finish off with a good stiff glass o' grog at bed-time, and go fast asleep, *an' let 'm figh't out 'mong 'emselves!!!*"

Could'nt afford it.—A good Massachusetts doctor met a sexton in the street one day. After the usual salutations, the doctor began to cough.

"Why, doctor," said the sexton, "you have got a cold. How long have you had that?"

"Look here, Mr. Sexton," said the doctor, with a show of indignation, "what is your charge for interment?"

"One dollar," was the reply.

"Well," continued he, "just come into my office and I will pay it. I don't want to have you round, and so anxious about my health."

The sexton was soon even with him, however. Turning round to the doctor, he replied:

"Ah, doctor, I cannot afford to bury you yet. Business has never been so good as it has been since you began to practice."

Charity List.—"I knew a physician who divided his charity list into four classes—the Lord's poor, the devil's poor, poor devils, and the devilish poor."*

Women Physicians.—"Madam," said a cross M. D. to a patient, "if women were admitted to practice, their tongues would soon make it a purgatory."

"And some physicians, if allowed to practice," retorted the lady, "would soon make it a desert."

A Talented Fool.—A very amusing story is told of Schleicher, the great German linguist just deceased, that in his absent-mindedness he once appeared in his lecture room, not, as usual, in a gray coat, buttoned to the chin, but in an open black over-coat. He did not discover the impropriety of his costume till he had searched in vain for his manuscript, which was not about him, and begging pardon of his audience and promising short delay, he ran home, took the papers from his gray coat and put them in the pocket of his surtout. Then it occurred to him that he might, without loss of time, resume his proper garb as a lecturer, and accordingly he exchanged the black for the gray. Of course when he returned he was again minus his manuscript, and was obliged, after an explanation which convulsed the audience, to dismiss them till another day.

*J. D. Buck, M. D.

Miscellanea.

Fincke's High Potencies.—The (British) Monthly Homœopathic Review of March 1870, says, (page 187) "Fincke, of New York, who has earned a considerable degree of notoriety, and doubtless, a larger share of dollars than he deserves, by preparing medicines after a secret fashion, and labelling them with figures indicating a high degree of attenuation, or, as he terms it, "*potency*," has recently taken out a patent for his process. To do so he was obliged by the laws of the United States to leave a description of his method at the patent office. A copy of this we have read in the Western Homœopathic Observer (December) We are thankful to know that scarcely any practitioner in this country has ever used these so-called high potencies. The method given by Fincke is one which renders it absolutely impossible for any practitioner to place the faintest reliance on his preparations; no chemist indeed, we think, ought to consent to keep them in stock.

All this, however, is quite beside the action of high dilutions prepared bona fide and merely relates to Fincke's. At the same time it shows how careful we should be in accepting statements regarding the preparation of drugs we have no means of physically testing, when coming from men of whom we know nothing; and that in reporting cases treated by preparations of this kind the name of the pharmacist should be added."

The article referred to by the Review is as follows:

"The Patent office draws out information which neither the professional integrity of the individual, the solicitations of the profession, nor the mandate of the American Institute of Homœopathy have been able to obtain. We have often been told how the stalwart Jenichen labored and toiled to carry a few drugs up to the 10.000th potency; now it is difficult to understand how a man, not half as large mentally or physically as the aforesaid Jenichen, and who claimed to be engaged in an extensive practice, and who at the same time could give us such a plethora of words that even the State of New York, which usually prints everything that offers, hesitated about finding space to publish such a vast attenuation of ideas, could, without even the turning of his hand, produce medicines of 100,000th or 200,000th potency.

The secret is out now ; but the laws of the United States say that nobody shall be allowed to use it save the great Fincke. From the specification of the patent, your readers will see that the wonderful problem, like that of Columbus' egg, is quite simple when once solved. A glass tank is graduated to hold, say 50,000 drams. This contains the vehicle, alcohol or water. From this the liquid is drawn by a siphon, which discharges it at the bottom of a vial holding say one dram. A drop of the medicine is put into the vial, and each time that one dram of the alcohol or water, which ever is used, has run into the vial, it is called one additional potency. When the whole 50,000 drams have run into the vial and 49,999 drams have run over the top of it, the dram remaining is of the 50,000 (Fincke) potency ; in this way, one could run the machine all night, and in the morning he would have a 50, a 100, or a 150,000th potency, all ready to be furnished to physicians at Dr. Fincke's published rates, viz: '\$1 for the first thousandth potency, and ten cents more for each additional thousand. Thus Lachesis 1^m \$1 per vial; 71^m \$8 per vial.' See list of Dr. B. Fincke's High Potencies.

"There is no longer any doubt. Dr. Fincke has discovered an original and easy way of reaching the high potencies. I am reminded of another method, recommended by one of our allopathic friends, which I think would be quite as efficacious :

"Take a little rum,
(The less you take the better.)
Put it in the lakes,
Of Wenner and of Wetter.

"Stir it well about,
(Mind you dont get groggy.)
Dip a little out,
Into Winnepiseogee," etc., etc.

"It only remains to be seen whether the profession will use medicines prepared in such a manner, and whether they will countenance a man who has behaved, in relation to his secret, so unprofessionally as has Dr. Fincke."

Allopathy Illustrated.—A correspondent of the London *Lancet* signing himself "Rusticus," asks whether any one can suggest a remedy for internal pains suffered by a gentleman who is a patient of his. He has already administered without effect several preparations of opium, belladonna, cannabis indica, ipecacuanha, assafetida, valerian, chloric ether, chloroform vapor, bromide of potassium, quinine, berberine, iron, zinc, hydrocyanic acid, bismuth, antacids, pepsin, pancreatine, hot drinks and other remedies. He has also tried galvanic currents, hot fomentations and cold cloths, hot baths, mustard poultices, croton oil, and small blisters externally ; also subcutaneous injections of morphia, atropine, strychnia, caffeine : and *still the patient hasn't recovered.*"

This reminds us of the treatment of a woman by a Philadelphia professor of allopathy. It was a case of puerperal fever. The lady was bled and bled and bled again; mercury was given to an enormous extent; then opium in grain doses, repeated frequently; bleedings, opiates, mercurial pills, and potions enough to kill three or four strong men, and all the comment that the case met was—"and yet she died!"

Dr. Dixon of the scalpel says that a certain M. D., was called to see a sick infant, when asked what was the matter and what he prescribed he said, "I could'nt exactly determine what ailed it and so I gave it a dose of castor oil, a few drops of paregoric and an injection—and then baptized it.

A letter from Paris to the *New York Tribune* says "Sainte Beuve's epitaph is not yet written, and I doubt if, when it is, it will contain the melancholy, but alas, too true, statement that he was murdered by his physician. It would be unnecessary cruelty to give their names, which for the rest are too famous to be hid, but the post mortem examination of the body of the illustrious writer established their responsibility, if not for his death, and this it would be great grace to allow, at least for the prolonged and awful suffering to which for the last few years his life were a prey. Dr. Veyne, his friend and physician for 15 years—a man attached to him by the closest ties of affectionate admiration—believed that he had the stone, but the other medical men who were called in consultation declared him mistaken, and insisted on treating him for a swelling of the prostate and inflammation of the bladder. Of this disease it was announced in all the newspapers that he had died two days after a severe operation for the removal of an abscess that had formed upon the prostate, and which he bore with wonderful courage. But the post mortem examination revealed the truth of Dr. Veyne's diagnosis. The bladder was found to contain three large calculi, of which the largest, says the *Moniteur*, following the *Gaulois*, was the size of a large hen's egg (*gros œuf de poule*), and the two others were triangular, and measured nine centimetres, (a little over three inches.) If this were the place for it, I might make the terrible blunder, by which a most precious human life has been sacrificed to the ignorant obstinacy of these physicians, the text for a short discourse upon the deterioration that is taking place in the skill of French medical men of the old school. American physicians and advanced students who come here to Paris assert that not only the medical men, both physicians and surgeons, but the course of lecturer, and the hospitals, are far behind those of America. The condition of the hospitals, indeed, is declared to be very discreditable, and men of position do not hesitate to say, that whatever may be the prestige of a diploma obtained in Paris, it by no means represents what it does either in New York, Philadelphia or Boston. The recent death of Marshal Neil and Sainte-Beuve are charged directly to

malpractice; and if this can happen here in Paris to men of their position, what may not be possible among the ranks of the humbler and less known."

Oliver Wendell Holmes, physician, philosopher and poet, gives the following account of some mistakes which have been made in medicine. Sooner or later everybody is tripped up in forming a diagnosis. I saw Velpeau, the great French surgeon, tie one of the carotid arteries for a supposed aneurism — which was only a little harmless tumor — and he killed his patient. Dr. Dease, of Dublin, was more fortunate in a case he boldly declared an abscess, while others thought it an aneurism; he thrust a lance into it, and proved himself in the right. Soon after he made a similar diagnosis; he thrust in his lancet and out gushed the patient's blood, and his life with it. The next morning Dr. Dease found him dead and floating in his blood. He had divided the femoral artery. I have doomed people, and seen others doom them, over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner, and some are still living. I see two men in the street very often who where as good as dead in the opinion of all who saw them in their extremity. People will insist upon living, sometimes, though manifestly moribund.

In Dr. Elder's life of Kane you will find a story of this sort, told by Dr. Kane himself:

The captain of the ship was dying of scurvy, but the crew mutinied, and he gave up dying for the present to look after them. An old lady, near her end, got a little vexed about a proposed change in her will, ordered a coach, and was driven 20 miles to the house of a relative, and lived four years longer.

Capt. Mather tells some good stories which he picked up in his experience, or out of his books, showing the untenable equilibrium of prognosis. Simon Stone was shot in nine places, and as he lay for dead, the Indians made two hacks with a hatchet to cut his head off. He got well, however, and was a lusty fellow in Cotton Mather's time. Jabez Musgrave was shot with a bullet that went in his ear and came out of the eye on the other side. A couple of bullets went through his body also. Jabez got well, however, and lived many years.

Per contra, Col. Rossiter, cracking a plum stone with his teeth, broke a molar and lost his life. We have seen physicians dying, like Spigelus, from a scratch, and a man who had a crow bar shot through his head alive and well. These extreme cases are warnings. But you can never be too careful in your prognosis, in view of the great uncertainty of the course of any disease, not long watched, and the many unexpected turns it may take."

Confessions of Mistakes Characteristic of Great Physicians.—Errors in diagnosis, in prognosis, and in therapeutics, every physician makes; but to confess them for the humiliation of one's

own self-esteem and for the warning and instruction of others, is not always so easily done as their commission. Especially is this task difficult or impossible on the part of inferior men, whose chief capital are self-conceit and the art of *appearing* to possess great skill and ability—in a word, playing the *quack*, though sometimes nominally in the regular profession. Pretenders are always infallible, or at least would have people believe so. One of these vain fellows regards it as a personal affront if a physician should know, or knowing should dare to mention, one of his blunders, no matter if it should be mentioned without the slightest design or desire to do the blunderer any harm.* May we not all, for our own good and for the good of others, take a lesson from the Father of Medicine? Celsus tells us that “Hippocrates, knowing and skillful as he was, once mistook a fracture of the skull for a natural suture, and was afterward so ingenuous as to confess his mistake and to leave it on record. This was acting like a truly great man. Little geniuses conscious to themselves that they have nothing to spare, cannot bear the least diminution of their prerogative, nor suffer themselves to depart from any opinion which they have embraced how false and pernicious soever that opinion may be; while the man of real ability is always ready to make a frank acknowledgment of his errors, especially in a profession where it is of importance to posterity to read the *truth*.”

Besides the infallible quack medicines that brag in every newspaper, there are hundreds of nostrums that hold the keys of life and death in every town. Dying is the most unnecessary act of a man's life. “Who is your doctor? Lancet! Why, I wouldn't trust my dog with him! My doctor never lost a case of that kind. And, at the funeral, the solemn truisms about the uncertainty of life, and the inevitableness of death, are enlivened with the criticisms on the needlessness, in this case, of dying. They are infatuated with that doctor of theirs. I told them how 'twould be. I offered to lend 'em my doctor—who never lost a case like this in his life—but they were obstinate. Well, we all must die.” HENRY WARD BEECHER.

Mrs. Winslow's Soothing Syrup:—A correspondent of the *Medical Gazette*, who is a practising physician, comes to the rescue of the babies against what he denounces as their deadly enemy, Mrs. Winslow's soothing syrup. He says he was called to an infant that was in a dying condition, apparently from the effect of a narcotic poison, and he was assured that it had taken no medicine but this “soothing syrup.” The doctor took the bottle and had some of the syrup analyzed by a skillful chemist,

*Beecher is an outsider, and though a great one, knows nothing of the “higher law,” that governs physicians. “No matter if it should be mentioned without the slightest design or desire to do the blunderers any harm.” Why, how can he mention it without doing the blunderer harm, himself possibly an interested blunderer. Beecher describes a “quack” pretty well, but ought to have added that he can always be known by his speaking of the “blunders” of others.—Ed. *Western Journal of Medicine*.

and the analysis showed that each ounce of the stuff contained nearly one grain of morphine. A dose for an infant three months old, as prescribed by Mrs. Winslow's printed directions, containing an amount of morphine equal to ten drops of laudanum. This is ordered to be given to the child every two hours in certain cases, and double the quantity to a child six months old. As children are very susceptible to the influence of opium, of which morphine is the active principle, four drops of laudanum having been known to kill an infant of nine months, and as the manufacturers of Mrs. Winslow's soothing syrup sell annually 100,000 two ounce bottles in the single State of New York, the reader can form some idea of the number of babies that are soothed to perpetual sleep by this nostrum. Mothers had better fall back on catnip tea" [or resort to more rational homœopathy. L]

Mortality for 1869 of Detroit.—The total mortality reported for 1869 is 1,550, that for 1868 was 1481 and for 1867 it was 1,284. Of the 1869 mortality (1,550) 809 were of infants under 18 years of age: from consumption 187.

Cerebro-spinal Meningitis.—This disease has been raging with considerable violence in the vicinity of Albion, Penna. We have been informed of a number of deaths, and of many prostrated with the malady. Several regular old school physicians of Erie were sent for, and under their treatment in nearly every instance the disease proved fatal, but under homœopathy, with the use of Aconite, Belladonna, Gelseminum, and Veratrum viride it has been met successfully.

Carbolic Acid.—Mr. Schiffinan writes from Valle-Menier, Nicaragua, to the *Moniteur Scientifique* of Paris, that after a very severe epidemic of Asiatic cholera, which caused, during 15 months, the death of a large number of people, he commenced the use of phenic or carbolic acid, causing all the rooms and passages of houses occupied by 300 people to be daily sprinkled with water containing a small quantity of this acid, with the result that neither cholera nor fever and ague, which had long pestered that locality, had since made their appearance.

Homœopathic Physicians who are Preachers of Churches.—Dr. Belding of Troy, N. Y. is a preacher of the Disciples; Dr. Palmer of N. Y. city of the Methodists; Dr. Younghusband of Mt. Clemens, and Dr. Bassett of Morenci, Michigan of the Baptists; Dr. John Ellis of N. Y., and Dr. W. H. Holcombe of New Orleans of the New Church, or Swedenborgians.

Large.—Oakland Co. Mich, seems to be profuse with botanical wonders. Dr. E. W. Fish, who has recently located at Holly, found in a lake near that place, while botanizing last October, a lily rhizoma (*Nymphaea odorata*) which measured 16 feet in length, and 12 inches in circumference. It was of a bright golden color, covered with innumerable black stem scales and

resembled a huge "boa." It lay in our office at Detroit some time, an object of great curiosity. The Dr. now has in his office a specimen of the *graminacæa* 23 feet long, which was found in that locality.

Insurance against Sickness.—The "*Public Opinion*" says: Various correspondents urge the establishment of a sick fund for the use and benefit of medical men. There can be only one opinion, the *Lancet* thinks, as to the desirableness of such a provision against a rainy day by the members of a profession which exposes a man to so many causes of sickness, and which does not remunerate him so bountifully while at work as to enable him to rest from his labors even for a temporary sickness with an easy mind. That all members of such a profession should make a provision of the kind every one will promptly admit. The only question is as to the best ways in which such a provision could be made. We are disposed to think that the offices which insure life might, with little trouble and much profit to themselves, insure against sickness. The relation of sickness to death—that is to say, of the duration of disabling sickness to death—can be pretty well made out. And it seems an absurd imperfection in the insurance system that it should apply, as far as the professional classes are concerned, to death and to accident, and not to sickness. We trust that some trustworthy officers will apply themselves to this question. We believe that it would be a source of most profitable business to them, and there is need now for some extension of the business of insurance officers in sound directions. Failing this, it would be well worth the attention of the profession to organize a scheme for the insurance of its members under the advice of good actuaries. But we repeat, it seems properly the work of the insurance offices.

Medical Fees.—Of the slow promotion in medical ranks, even in the case of the most skillful and deserving, the earnings of Sir Astley Cooper afford a striking example. In the first year he netted five guineas; in the second, £26; in the third £65; in the fourth £96; in the fifth £100; in the sixth £200; in the seventh £400; in the eighth £610; and in the ninth, the year in which he received his hospital appointment, £1,100. The highest amount he ever received in any one year was £21,000, but for many years his average income was over £15,000.

The West dangerous?—A very amusing delusion of a disciple of Swedenborg is referred to in the *New Church Independent* for Feb. 1870. It appears that a "receiver" had read No. 476 of "*True Christian Religion*" which says: "Every man changes places or situations in this world, and as our love of evil increases we go West" and had been in such doubt of its meaning that he abhorred the very idea of going any farther West. The Editor of N. C. I. calls this mistake ludicrous because the changes in the spiritual world were referred to in the

book; and we are constrained to add that danger is not as much in place as in the state of mind and occupation. We see danger in that condition which acknowledges the teachings of Swedenborg, or any other mere man, as authoritative. An unarmed man that is peacefully pursuing an honorable business is safer than an armed rowdy whose calling is not useful to his fellow men. A physician, to heal the sick, may go into the most disreputable parts of the worst city, at all hours, without any weapon whatever, and will not be molested. In twenty-one years practice we have never been troubled while out making night calls. In the house of a prize fighter 15 years ago we were spoken to very roughly because we refused to take a dollar for a night visit, but finding that we left without any fee whatever, and took no notice of the coarse language used, we were waited upon to the door with respect, and although our "good-night" was not responded to, the people were evidently confused, and next day called with an apology and our fee.

Quackery rebuked.—We learn from the *St. Clair Republican* that one "Dr." Thos. Gardner brought suit at the recent Circuit for medical services. It appeared on the trial that plaintiff was practicing without a diploma or other certificate, and was ignorant of the chemical properties of the most simple compounds. On the stand he stated that ether and hartshorn were the same, and when asked to name some medical work he had read he stated that he had read so many that he could not now remember any. The Court rendered judgment for the defendant, and administered to this charlatan some wholesome advice in regard to his trifling with human life while ignorant of the most common principles of medical science.

A living child weighing only 24 ounces.—A correspondent writes: "About three weeks ago I delivered Mrs. H., æt. 19, of her first child, a boy, who is the smallest specimen of humanity I have seen. The mother was within two weeks of her full time, but the child weighed only one pound and a half! Day before yesterday he cut his first tooth, the eye tooth of the left side. The child is thriving, and bids fair to reach manhood, when he may rival Commodore Nutt, or Tom Thumb."

A Combined Wire Speculum and Retractor.—The "*Medical Record*" says: Dr. Francis H. Brown of Boston, in vaginal operations employs a simple iron wire speculum, which answers the additional purpose of a retractor. Both folds are shaped nearly in the form of the letter S. Five sizes are made by Dr. R., of iron wire, joined by hard solder and then nickelized. The iron used is numbered 10 and 13 of Stubbs (English) wire gauge. The objects for which he proposes these instruments, are the following: Singly, the larger instrument has been found well adapted to take the place of Sims' speculum. It displays the vagina equally well; it is much lighter; equally strong; and

no less easy of application. The two together, as retractors or in place of the copper spatulæ, have served well to dilate the vagina, and bring into view every part of its wall, up to the cervix. A still further advantage of these instruments is their very trifling expense; the whole set of four being furnished by instrument makers at a sixth part of the price charged for any of the elaborate forms of specula.

Homœopathy in Columbia, South America.—" *La Homœopathia Bogota*" says that the legislature of the U. S. of Columbia decrees that one ward in every charity hospital shall be devoted to homœopathy where homœopathic practitioners reside.

Homœopathy in India.—A correspondent of the "Homœopathic World" from Oatacamund says "Homœopathy is fast gaining ground in India. Four dispensaries have already been established in Bengal, and the system finds great favor in the eyes of the natives."

Variety in Correspondence.—If variety is indeed the spice of life then we are certainly favored with a liberal supply of this condiment. Let us instance letters now before us. One from Nevada to interest us in a silver mine adventure, one from a preacher detailing his conversion to the true healing art; another enquiring about "acid phosphate of soda" for raising dough; a number wanting locations; a publisher to request that we ask his Detroit subscribers to renew; a student making enquiries as to colleges; two from M. D's, to collect professional bills for them, and—a host of others.

Diseases of Spinal Cord.—Will our correspondents please report their treatment?

PERSONAL.

Coburn.—E. S. Coburn, M. D., was appointed City Physician for Southern district of city of Troy, N. Y., March 9, 1870.

Haywood.—E. S. Haywood, M. D., has located at Lynn, Mass., where he is now associated with A. M. Cushing, M. D.

Cushing.—A. M. Cushing, M. D., of Lynn, Mass., who, for two months, was too sick to read, write or practice his profession, is now convalescent and we trust will be restored to usefulness for a long period. We expect an elaborate article on *Leucorrhœa* from his pen when he is well enough to complete it.

Barrett.—The "Ionia (Michigan) Sentinel" says: "Charles B. Barrett, M. D., homœopathic physician and surgeon, late of Philadelphia, has permanently located in Ionia, and opened an office in Union Block. Dr. B. comes highly recommended as an accomplished and experienced member of the medical fraternity, and will doubtless find ample scope for his professional skill." We can recommend Dr. B. to our friends in Ionia in confidence. They will find him attentive and successful.

Hendricks.—Prof. Neidhard says:* “Being suddenly taken very ill at Cologne, I sent for Dr. Hendricks of that city, who relieved me morally, as well as physically. He informed me there were two homœopathic physicians in Cologne besides himself; Dr. Stens, Jr., the son of the well-known Dr. Stens, of Bonn, physician to the Princess of Prussia, and Dr. Olenburg, medical counsellor. The homœopathic physicians in Prussia are now permitted to dispense their own remedies under certain conditions.

Dr. Hendricks thinks that, as a general rule, the people of Cologne, among whom he has a very large practice, are not so intellectual as those of Berlin. They prefer to amuse themselves. They drink much more habitually, and therefore are not fit subjects for homœopathy.

The homœopathic physicians are on good terms with those of the old school, which the doctor thinks is the worst thing that could exist. If they were persecuted, they would succeed better. There are no high dilutionists among them.

Hahnemann.—Prof. Neidhard, who has just returned from Europe, says:* “During my stay in Paris I visited Madame Hahnemann several times, and was very kindly received. She is now a lady of venerable aspect, having a high forehead and pale complexion. She does not seem to be on good terms with the homœopathic physicians of Paris. “These men,” she said, “think that because they are called doctors, they know something of medical science and the cure of diseases, but they know nothing,” &c.

Tears came into her eyes when she spoke of Hahnemann. She does not practice homœopathy now. Dr. Bönninghausen, the son of the late celebrated Dr. von Bönninghausen, has married a relation of Madame Hahnemann, and has his office at her (Mad. H.’s) house.

Madame Hahnemann spoke a great deal of the purity of homœopathy, and the malpractice of many Parisian homœopathic physicians, mentioning a case where one of them gave fifty drops of Aconitum, 6 in one dose. Hahnemann, she said, deeply regretted, before his death, the abandonment, by so many physicians, of his wise and well tried maxims.

Hahnemann’s *Organon* will appear this year. The reason of its non-appearance is a change of editors. It is a very difficult to find a reliable editor. Dr. Stapff’s letters to Hahnemann will also be published shortly.

For our Philadelphia Hospital Fair, Madame Hahnemann had promised to give me a silver cup, from which Hahnemann drank his cocoa every morning. On leaving Paris, when I claimed my prize, reminding her of the promise, she excused herself on the ground of the family objecting to parting with it.

As to the insinuation made by some, that Hahnemann became childish during his last years, she strongly denied it. Instead of losing his memory and judgment, he was, during the last years of his life, more enlightened and deeply intelligent than ever.

* *Hahnemannian Monthly*.

Jahr.—Prof. Neidhard thus speaks* of the venerable Jahr: "With Dr. Jahr, who is now a very old man, I spent several pleasant hours. He had the kindness to conduct me to M. Charriere, the famous surgical instrument maker, in the Rue de l' Ecole de Médecine. Jahr does not speak very encouragingly of the state of homœopathy in Paris, meaning, no doubt, the belief of the people in the ultra homœopathic views. I judge this from his observation that among the one hundred or more homœopathic physicians practicing in Paris, few deserve the name. He himself continues to practice almost exclusively with the thirtieth dilution."

Brown—Rev., not M. D.—Rev. Jos. D. Brown has been a subscriber to the Am. Obs. for some years, and as we understood he was a physician, we noticed his removal from Edinboro, Pa. He writes us a very kind letter, declining the honor of the doctorate, yet averring his attachment to our system of practice, and its representation in the Observer.

McCort.—We have not been adhering with any amount of tenacity to our addition of \$1, to subscription if not paid in advance, and when \$4 has been sent at end of year to pay for year past and year to come, we have always accepted it; but one M. D. demurs to our liberality very handsomely. This is P. J. McCort, M. D., of Troy, who writes: "I respectfully insist on paying full price for past two years. The "OBSERVER" is worth many times that amount; and the profession is indebted to you in no small degree for making it one of the most useful magazines which we possess. Enclosed please find \$8.00; and 25c. for a copy of last March, which I have lost."

Bancroft.—A. A. Bancroft, M. D., has removed from Lansing, Michigan, to Burlington, Iowa.

MARITAL.

Shatz—Williams.—W. F. Shatz, M. D., of Columbus, Ohio, and Miss Lydia Williams, were united in marriage February 3, 1870.

Tipple—Hicklin.—R. D. Tipple, M. D. of Bellefonte, Pa., and Miss Sue Hicklin, were married February 15, 1870.

Viets—Munday.—E. W. Viets, M. D. of Conneaut, Ohio, and Miss Ella Munday, were married February 15, 1870.

LOCATIONS FOR HOMŒOPATHIC PHYSICIANS.

Ohio.—Wapakoneta, Celina, Circleville, Sidney, Cuyahoga Falls, East Liverpool, Wauseon.

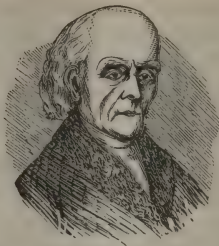
Vermont.—West Cornwall.

Pennsylvania.—Girard, (Erie Co.,) Northeast, Waterford, (Erie Co.,) Wattsburgh, (Erie Co.,) Tidioute.

Michigan.—Lansing, DeWitt, Ann Arbor, St Louis, Port Austin.

Hahnemann's Birth-Day occurs in the month of *April*. In *Memoriam*, see next page.

*Hahnemannian Monthly.



Samuel Hahnemann,

BORN AT MEISSEN, SAXONY, APRIL 10TH, 1755.

DIED AT PARIS, JULY 2D, 1843, ÆT. 89.

THE REFORMER OF MEDICINE.

HISTORY—EXPERIMENT—OBSERVATION.

“Similia similibus curantur.”

“Each man here below works according to the gifts and strength Providence has given him, and it is only before the fallible tribunal of man that degrees of merit are acknowledged, not so before that of God: God owes me nothing, but I owe Him much—yes, *everything*.”

HAHNEMANN.



Diseases of Women and Children.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. VI.—PSEUDO-MEMBRANOUS CROUP.

[Continued from page 138.]

Wherein lies the difference between the ordinary inflammations of mucous membranes and the exudative form of inflammation? Why is it that one child has, after exposure to cold, a simple catarrhal laryngitis while another, after the same exposure, has pseudo-membranous croup? Dr. Searle remarks "wherever the distinction may lie pathologically, the fact is certain," and I shall endeavor, as correctly as may be, to define the morbid state which lies behind, not only the symptoms, but behind the proximate cause which gives rise to the symptoms. There is then an increased proportion of fibrin or of fibro-albuminous matter in the blood, and this is considered by Dr. Cheyne to be analogous to the exudation of the inflamed pleura or peritoneum. This predominating fibrin has an inherent tendency to organization, and this textural development appears to set in with the process of coagulation. "Examined with the microscope, they present a laminated basement, and one splitting into fibres, flattened or roundish, rough, and firm, or resembling organic muscular fibres; or else a membranous basement invested with delicate wavy fibres, upon which, amongst elementary granules, are seen numerous round, black-edged nuclei, sometimes rod-shaped, or drawn out into fibres, and again, more especially in the moisture poured out, dull, round, and oval nuclei, and analogous cells." (Rokitansky.) At other times, the fibrin is of a dullish white color, inclining to yellow, and including blood-serum and blood-corpuscles, sufficient to give a reddish hue in places. "Mi-

microscopically examined, the coagulum presents a stratiform or fibro-laminated basement, or else a faintly striated membrane, both being, however, opaque, owing to delicate granulation. Upon this, as also in the serum, are seen a vast number of nucleus-like formations, of developed, dull granulated nuclei, and of similar more or less developed cells. Frequently the coagulum appears to consist altogether of the two last mentioned elements, with a proportion of granulated structure." (Rokitansky.) Again, the fibrin may be pus-like, of a greenish-yellow hue, with little tendency to organization, and but little adhesive power. These three varieties of fibrin rarely occur singly and alone, but they are intermingled in varying proportions. The first mentioned fibrin is the most dangerous as it is most prone to organization; and the last mentioned is analogous to the fibrin of pyæmia for it includes pus-nuclei and pus-cells in its meshes. The difference between the varieties of fibrin can readily be detected with the naked eye.

When the mucous membrane of the larynx or trachea becomes the seat of inflammation, this fibrin or fibro-albuminous matter exudes from the distended capillaries, and the change of temperature and the passage of air over it aiding its inherent tendency toward organization it is soon formed into a false membrane. As the disease advances, the mucous follicles secrete a copious muco-purulent fluid which is poured out between the mucous membrane and the false membrane, loosening the latter, so that there is a certain tendency toward recovery in many cases of true croup. This inflammatory action with its accompanying exudation may go on undetected for a considerable time, till the more or less violent laryngeal spasm directs attention to it. The writer is strongly of opinion that while simple spasmodic croup, almost destitute of inflammatory action, stands at one end of the scale of morbid action, at the other extremity is pseudo-membranous croup, which may be almost wholly destitute of laryngeal spasm; that though well marked typical classes exist, which can be readily diagnosed, yet in the middle of the scale we find it extremely difficult to decide as to the presence or absence of false membrane; and, lastly, that a case which apparently commences as spasmodic croup, may, under certain conditions take on inflammatory action with its attendant exudation. The practical lesson is, to prescribe for even mild cases with care, and constantly to keep in view the

possibility of the occurrence of the much dreaded pseudo-membrane.

Dr. Craigie asserts that croupous inflammation is but seldom observed to effect the laryngeal mucous membrane, and says that when it does so, it is to be viewed as a complication not essential to genuine croup; while on the other hand, Guersant says the characteristic membrane is never entirely absent from the larynx. Here Dr. Craigie is unquestionably in error, and I am inclined to take sides with M. Guersant, for I have noted that the larynx is always affected in children, though this is not the case with adults. In general terms it may be said that in two-thirds of all the cases the disease is limited to the larynx and trachea while in the remaining third it extends to the bronchi or larger bronchial tubes. Again, it may be confined to the glottis, and it may line the entire larynx, dipping into the ventricles so as to form a perfect cast of the organ; in very severe cases, it extends even to the minute ramifications of the bronchial tubes. Prof. Wood has seen a case in which the false membrane lined the upper portion of the bronchia, the whole trachea and larynx, and the pharynx as low down as the œsophagus. Dr. Cheyne compares the tube of false membrane from the bronchial tubes to macaroni boiled in milk, and, in curious anticipation of Dr. Craigie, he says that in none of the cases seen by him was membranous exudation observed on the laryngeal mucous membrane; adding, that if the inflammation extended to this part, it was only slight, and its effects were seen in a little puriform fluid in the membrane of the cricoid or thyroid cartilages.

Sometimes the false membrane adheres closely to the mucous membrane, but it is generally more or less loosened from the action of the muco-purulent fluid already mentioned. There are great differences in the thickness and consistence of the false membranes; it is sometimes of a gauze-like tenuity, while at other times it is one or two lines in thickness, the usual thickness being a quarter of a line; it may be like the viscid layer which forms on the surface of a bowl of cream, and it may be a tough, compact, leather-like, fibrin resembling a fragment of wet kid glove. Generally speaking, the edges of the membrane are thinner and softer than the more central portions, and the side in contact with the mucous membrane is softer than the side exposed to the air. When it extends to the bronchial tubes, Rokitsky remarks that the tubular exudations from the larger bronchi

present a calibre inversely proportional to their thickness, and those thrown off from the finer ramifications occur in solid cylinders. Prof. Wood remarks that in the larynx it is said to be less firm than in the trachea; while Prof. Gross asserts that it is generally much stronger, more tenacious, and more firmly adherent in the larynx than in the trachea and bronchial tubes. Generally there is but a single process of exudation, but cases are recorded in which a second, or even a third false membrane formed during the course of the disease, and in such cases the united membranes may make up a thickness of a quarter of an inch. The color of the denser membrane is of a pearly grayish white, while the more diffuent membrane is of a yellowish white. A small quantity of carbonate of soda and phosphate of lime have been detected in it, and it is soluble in alkaline solutions and acetic acid.

Is the false membrane susceptible of organization? Generally speaking, it gives no indication of such a condition, and yet Rokitsansky thinks that an effort at organization takes place. "The surface next to the mucous membrane is frequently marked with red streaks and dots, consisting in part of blood adhering to the surface, and in part, as found on closer examination, of straight or tortuous vessels, or of small, roundish extravasations, from which currents of blood are seen to emerge in an arborescent and radiating form." Prof. Hasse remarks that the effort at assimilation is, in some instances, very perceptible in the appearance of stellated ecchymoses and bloody streaks on the surface of the false membrane, facing the mucous membrane.

The mucous membrane subjacent to the false membrane seldom presents the appearance of severe inflammation, though it may be red, purple, or even blackish in color, and these tints are in patches or spots, which are sometimes arranged in irregular stripes. The mucous membrane is sometimes, but rarely, in a state of gelatinous softening, and thickening is still more rare. At an advanced period of the disease, the redness may disappear, when the mucous membrane regains its usual false color.

The trachea and bronchial tubes are usually reddened, even though the disease has not extended to them, and the bronchial tubes contain a yellowish puriform fluid which has doubtless passed downward from the seat of morbid action. Lobular pneumonia and vesicular emphysema co-exist in a considerable proportion of cases.

Pseudo-membranous croup is most likely to be confounded with spasmodic croup, and very often—though less frequently with our physicians than with those of other schools—the patient's life depends upon a correct diagnosis. It does not suffice merely to compare the symptom present at the time the patient is seen—the *course* of the disease must be carefully noted. In pseudo-membranous croup, the invasion of the disease is creeping and insidious, the mother being sometimes hardly able to assign the date of attack; in spasmodic croup, the attack is sudden and startling. The first distinctly spasmodic attack of pseudo-membranous croup take place indifferently during day or night while spasmodic croup almost invariably attacks at night. There is a considerable resemblance between the coughs of the two diseases during the first stages; but in pseudo-membranous croup, the cough gets infrequent and smothered as the disease advances. Trousseau remarks that “when the cough, croupal at first, becomes less and less frequent, and ends with being nearly insonorous with suffocation, there is true croup, that is to say, with plastic exudation in the larynx.” In pseudo-membranous croup, the voice is hoarse in the early stage, and further on it is permanently whispering or completely suppressed. In spasmodic croup the voice is hoarse during the entire disease, but only whispering during the very height of a severe paroxysm, and perhaps never wholly suppressed. In pseudo-membranous croup, the cry of the patient is permanently hoarse and stridulous; in spasmodic croup it is so only at the time of a spasmodic paroxysm. In pseudo-membranous croup, the respiration is almost natural during the first stage of the disease, and as the disease advances it becomes permanently stridulous with extreme dyspnœa; in spasmodic croup, the respiration is stridulous only during the paroxysm, and is natural in the interval. The fever of pseudo-membranous croup is considerable, and is present during the remissions as well as during the exacerbations; while the fever of spasmodic croup is much slighter, and is only present during the nightly spasms, though the pulse may be quick and hurried during the day. In pseudo-membranous croup there is very often—but not always—a pearly exudation on the soft palate, half-arches and pharynx. In spasmodic croup, the fauces are natural or merely slightly reddened.

On page 308 of the sixth volume of the *Observer* will be found the diagnosis between true croup and acute catarrhal laryn-

gitis, and on page 358 of the same volume, the diagnosis between croup and spasm of the glottis. The diagnoses between pseudo-membranous croup, and scarlatinal and diphtheritic croups, will be pointed out in the chapters on these diseases.

PROGNOSIS.

Pseudo-membranous croup is always a serious disease, but the homœopathic physician need not assent to Sir Thomas Watson's maxim, that "*the prognosis can never be better than doubtful*," though that, after all, is merely the legitimate result of a treatment comprehending *blood-letting, tartarized antimony, and calomel*, said by the same eminent authority to be "the three remedies that most require consideration." All physicians—especially those of European education and practice—will assure you that under any circumstances, a majority must die, but with a thorough knowledge of the pathology of the disease, and of the admirable therapeutic agents which homœopathy places at our disposal, the writer believes that a very large majority will recover. As a specimen of allopathic ideas on the subject, Guersant says that it is "generally fatal," adding that it is scarcely possible to save two in ten, while Rilliet and Barthez state that "its common termination is in death." The danger is great in proportion to the youth of the patient. A child a year old has less chance than one of five years, and the disease is more fatal in boys than in girls. Very much depends upon the stage of the disease at which the patient comes under treatment, and quite as much depends upon the physician possessing an accurate knowledge of the character of the disease before him. If no efficient treatment is adopted till the disease is fully developed and the false membrane formed, the prospect of cure is diminished; but if, on the other hand, it is recognized from the commencement, and skillful medical attendance is joined to careful nursing, the chances of recovery are very good. When the disease prevails epidemically, it is much more fatal than when it is sporadic; and the mortality is very different in different epidemics. Pneumonia aggravates the danger, and when the bronchi becomes implicated in the disease, the prognosis is very grave, though it is well to remember that in bronchial croup the membrane is less firmly adherent than in the laryngeal or tracheal forms. Although the general symptoms should be duly weighed, especial attention should be paid to the local symptoms, and to the frequency of the paroxysms. It is unfavorable if the stridulous

sound is heard both in inspiration and expiration, and complete extinction of the voice and suppression of the cough are most ominous signs. Sir Thomas Watson remarks, "we begin to despair when the lips are becoming blue, the skin is losing its heat, the pulse is already feeble and intermitting, and the little patient is drowsy or comatose." On the other hand, the favorable signs are diminution of the stridulous respiration; return of the voice, even though it be hoarse; looseness of the cough with expectoration of muco-purulent matter mingled with fragments of false membrane; and decrease of the dyspnœa. Dr. Charles West says that much caution must be exercised in drawing a favorable conclusion from a diminution of the severity of the symptoms, until such improvement has continued for twenty-four hours at least; and I can most cordially endorse Dr. J. F. Meig's axiom, "the case should not be abandoned as hopeless until life is actually extinct."

There is no well-marked line of demarcation between spasmodic and pseudo-membranous croup, and, under certain circumstances, the remedies in one disease may be used in the other.

TREATMENT.

Aconite.—In the first stage of pseudo-membranous croup, this is beyond all question the leading remedy, for it corresponds not merely to the symptomatic appearances, but it combats the very inmost essence of the disease. In addition to the indications given on page 531 of the sixth volume of the *Observer*, I would add the following, by the venerable and beloved Charles Julius Hempel, who may justly be said to have stamped the peculiar impress of his mind on the homœopathy of this continent. "In *Membranous Laryngitis*, or *Croup*, Aconite is often sufficient to arrest the inflammatory process which is going on in the lining membrane of the larynx, and either to prevent the effusion of coagulable lymph, or to promote its absorption. More than one symptom among the symptoms of Aconite points to its use in croup as a specific remedy. Among the Aconite symptoms we have, hoarseness; croaking voice; feeble voice; complete loss of voice; sensitiveness of the larynx to the inspired air as if the mucous membrane were deprived of the epithelium; sensation as if the sides of the larynx were pressed together. These and similar symptoms, together with the dry, hard and tearing cough which Aconite excites, and the raw feeling in the larynx during the paroxysm of cough, are strikingly characteristic indications

for the use of Aconite in croup." In this disease I have never given the dilutions, but have confined myself to the use of homœopathic tincture of the fresh root, of which I put from two to five drops in a tumblerful of water, giving a teaspoonful every half hour, or even fifteen minutes. I am aware that I have been censured for recommending the use of mother tinctures and low dilutions, but I would remark that I am not giving the experience of my censors, but my own. Very much more important than an adherence to the high potencies, is a thorough knowledge of pathology and pathological anatomy, and a little of the eloquence directed against the low dilutions would not be thrown away if it were turned against the poly-pharmacy and alternationism which threaten to engulf homœopathy.

Sanguinaria.—Many years ago, I encountered a very fatal epidemic of pseudo-membranous croup, against which our usual remedies were not as successful as one could wish, while I noted that allopathic remedies were worse than useless. In my extremity I applied myself to the study of Homœopathic Materia Medica—that monument of unwearied industry—and decided that *Sanguinaria Canadensis* was an appropriate remedy, as it presented the following symptoms: **"Chronic dryness in the throat and sensation of swelling in the larynx, and expectoration of thick mucus. Aphonia, with swelling in the throat. *Continual severe cough, without expectoration, with pain in the head, and circumscribed redness of the cheeks. Tormenting cough, with exhaustion, and circumscribed redness of the cheeks. *Croup."* Soon after I was called to an undoubted case of pseudo-membranous croup, and as I had no tincture of *Sanguinaria* in my office, I gave minute doses of Sanguinarin in water, and the result was a rapid cure. In the course of my studies, I read Prof. Paine's "Epitome of Eclectic Practice," in which he gives the following testimony as to the efficacy of *Sanguinaria* in this disease:—"The *Sanguinaria* is one of the most valuable remedies known in the treatment of pseudo-membranous croup. It has proved as much of a specific for that disease, as Quinine has for ague. I have seen it used in a great number of cases, and have never known a single failure. It should be made into an acetic syrup, by adding twenty grains of Sanguinarin to four ounces of vinegar; steep and add one ounce of sugar to form a syrup. Dose, one teaspoonful as often as indicated." I frequently gave the remedy as Prof. Paine directs, but finding that the

large dose caused an unnecessary aggravation, I reduced the quantity, and for a number of years I have used the following formula; dissolve two grains of the 1st decimal trituration of Sanguinarin in four teaspoonfuls of good vinegar, adding two teaspoonfuls of white sugar and a little water, and of this acetous syrup I give a teaspoonful every hour. I have given the Sanguinarin in trituration, but found better results from the acetous preparation. I have also used the tincture successfully, but have had no experience with the dilutions. On page 388 of the fourth volume of the *Observer*, Prof. Helmuth, of St. Louis, reports a fine cure effected by the tincture, and, on the whole, the blood-root seems destined to take good position among the remedies with which we combat this disease.

Iodine is a remedy upon which many physicians rely in this disease, though Kreussler—an excellent therapist—says, that “he does not recommend it, as our provings upon the healthy do not seem to point to Iodine as a remedy for croup.” Hempel, in his work on Practice, places most reliance on Aconite and Spongia, adding: “If Spongia seems powerless, and the spasmodic wheezing continues, we may try Iodine.” Dr. Hughes considers Iodine “our chief remedy in true croup,” while Dr. Meyhoffer considers Iodine most suitable for sporadic croup occurring in previously healthy subjects. The symptoms indicating this remedy are not very clearly marked. There is roughness in the larynx, also painful pressure and stitching in the same organ; pressure in the larynx and pharynx, as if swollen; pain in the larynx with discharge of hardened mucus; constriction and heat in the larynx; increased secretion of mucus in the trachea; dry, short and hacking cough; soreness of the throat and chest, when in bed, with wheezing in the throat, and drawing pains in the lungs, corresponding with the beat of the heart; hoarseness, the voice becomes deeper, and finally quite deep; the face is not blueish and bloated, but pale. Hartmann thinks that tracheal and bronchial croup is the proper sphere for Iodine, especially when there is a tendency to torpor, and he says that the Iodine-croup is always characterized by pain in the chest and larynx. I remember hearing Dr. Constantine Hering make the curious remark, that, while Bromine suits blue-eyed children, Iodine is adapted to black-eyed ones, and other physicians have confirmed this. Hempel and Hartmann are at variance as to the precise pathological state, for Hempel says that it is the remedy “especially in that

stage of croup where the exuded lymph begins to become consolidated as an organized artificial membrane, with suffocative wheezing and a fully developed croupy sound during the inspirations," while Hartmann affirms that "there are no symptoms pointing to a pseudo-membranous formation either in the larynx or the upper portion of the trachea." As to the dose, Hempel recommends the tincture, while Hughes recommends the 3rd decimal dilution, and Hartmann the 3rd or 4th, going up to the 12th. Dr. William Arnold, of Heidelberg administered it by inhalation with great success. "The iodine-inhalations may be administered as follows: From twenty to thirty drops of the first attenuation should be poured into a small saucer full of hot water, the heat being maintained by a spirit-lamp, and the saucer placed in such a position as to make it necessary for the child to inhale the vapors. This may be continued until the respiration becomes moist and rattling." (Hempel.)

Bromine.—To Dr. Attomyr belongs the credit of introducing this remedy for pseudo-membranous croup, and he asserts that it is the only remedy that can produce the false membrane in the larynx and trachea of the healthy. On the other hand, Dr. Meyhoffer, of Nice, thinks that Bromine is only of use in diphtheritic croup—when diphtheria extends to the air-passages; but it has unquestionably proved curative in severe cases of pseudo-membranous croup, as numerous reported cases testify, though Dr. Hempel says that it has been used with "variable and rather doubtful success." There is spasm in the larynx occasioning suffocation; cough with croup-sound, hoarse, wheezing, fatiguing, not permitting one to utter a word. This cough is generally without expectoration, while with Iodine the cough is generally with expectoration; the respiration is wheezing, alternately slow and suffocative, and hurried and superficial. In this remedy the respiration is with dry sound, while with Iodine the respiration is predominantly with moist sound; the respiration is labored, painful, and oppressed, with gasping for air; heat in the face; pulse rather hard, slow at first, and afterwards accelerated. This remedy has usually been given in the form of dilutions prepared with distilled water—the 1st to the 3rd being most highly recommended. Dr. E. H. Drake, of Detroit, has used Bromine-inhalations in this disease with eminent success. "My manner of using it is to take a drachm vial about half full of pure water, put in about four or five drops of Bromine—a part only of which will be dis-

solved, while the residue will fall to the bottom, and be taken up as fast as that already held in solution passes off by its exceeding volatility. Thus the solution may be kept of uniform strength for twenty-four or thirty-six hours. The vial is then held to the *mouth* of the patient, so that the medicine will be inhaled through the mouth, which has seemed to answer better than when inhaled through the nose. The first few inspirations will cause resistance on the part of small children, on account of the unpleasant sensation it produces in the throat; but by letting them take two or three, and waiting a short time, a minute or so, before renewing it, this is easily overcome. Most patients will take it while sleeping. Care should be taken to keep the mouth of the vial well closed with the finger or cork when the patient is not inhaling."

Kali bichromicum is another remedy which has been used with success, and Dr. Hughes remarks that "there is a large accumulation of evidence tending to show that it is a potent remedy for true membranous croup," and that "in true membranous croup the medicines between which our choice lies are Iodine, Bromine and *Kali bichromicum*." Dr. Hempel thinks that it may be used in the last stage when the membrane is formed, and I have seen some remarkable cures with this remedy, especially when the disease extended to the bronchi and bronchial tubes. The following are the indications for this remedy as given many years ago by some Austrian physicians. The symptoms approach gradually and insidiously; at first, slight difficulty in breathing when the mouth is closed; slight elevation of temperature; pulse irregular and intermittent, or frequent and small; as the disease progresses, the difficulty of breathing increases; the sound of the air as it passes through the trachea is shrill, whistling, as if it passed through a metallic tube; voice hoarse; cough not frequent, but hoarse, dry, barking, and *metallic*; deglutition painful; tonsils and larynx red, swollen, and covered with an appearance of false membrane; after a time, breathing affected in part by the action of the abdominal muscles, and those of the neck and shoulder-blades; head inclined backwards; breath offensive; finally, diminished temperature of the skin; prostration; stupor. As to the dose, Hempel recommends a powder of the 3rd trituration dry on the tongue every two or three hours. I have, however, had the best results from a yellow-colored solution of the first

decimal trituration, prepared with distilled water, giving a teaspoonful every hour or half-hour.

Cases may arise requiring Cinnabaris, Mercurius iodatus rubra, and Tartar emetic; Hepar, Spongia and Phosphorus may also be indicated.

French physicians have used tracheotomy with marked success, while English physicians almost uniformly condemn it, but this difference of opinion arises from the fact that the French use it in the early and hopeful stage of the disease, while the English seldom or never resort to it till the case is hopeless. It has been but little used by American homœopathic physicians, partly because the disease is rarer, and partly because we have a thorough knowledge of better remedial agents.

During the treatment, the room should be kept of a uniform temperature, while at the same time ventilation is maintained. Children subject to any form of croup should be warmly clad, and should sponge the neck and chest with cold water every morning.

T. N.

Reviews and Book Notices.

COMMENTS ON A LATE REVIEW.*

De gustibus non disputandum est, and we are disposed to leave a man to his taste, especially if he is eating Schweitzer Kase. But there are certain characteristics in the taste of our reviewer which make it necessary to enter objections.

Imprimis: he likes Bæhr in Hempel's English and Bœricke's white paper and nice binding. He likes Bæhr's practice, and he doesn't like high potencies.

Why does our reviewer like Bæhr's work? Now we are truly on critical ground, for we shall attempt to determine the individuality of our *anonymo* by the internal evidence of his style; if we "tree the wrong coon" we will forever after do penance by distrusting our acumen.

We wonder, then, if the reviewer is not mentioned in Bæhr's *Therapeutics*; if cases from his practice are not interpolated within the covers of that work for the admiration and imitation of all "rational" homœopaths? If we are not deceived by the frail evidence of style, Dr. Hempel has delineated our reviewer so perspicuously that we shall have

* American Homœopathic Observer, pp. 49-69, February, 1870.

no difficulty in determining his *status*. Dr. H. says of him "proceeding upon the principle of curing the patient as speedily and effectually as possible, he treated his patients irrespective of dose." *Memorandum* for "rational" Homœopaths; "*When you desire to cure speedily and effectually, go it irrespective of dose.*"

Is that a "key note" of the other side? Well, it is about as sensible as giving *Kali carb.* to a sewing machine because of the *stitches*. However, our reviewer went into his patient "irrespective of dose" as follows: "Within twenty-four hours there was given him in divided doses at least three ounces of laudanum." In thirty-six hours it was found that this man was as much opium as whiskey-proof for he had an "entire relief from all the symptoms of his disease," which was delirium tremens.

If this be not worship at the shrine of *Enantios*, what in the name of all therapeutics is it? And if it be such, what in the d——ickens is it doing in a work on "*The Science of (Homœopathic) Therapeutics?*"

If our reviewer is not competent to treat such a case on the *Homœios* principle, or if *he* does not deem the law of *Similia* capable of procuring a cure so "speedily" then let him come out like a man and say so, thereby saving homœopathy that disgrace which old school practitioners so logically charge to it in such cases. These be the Pariahs who call down the contempt of our opponents upon us, for while orthodox medicine may smile at our Posology she can still honor the *consistency* of a Homœopath who swears by a "*cm. Fincke.*" The line of demarcation between *Allos*, *Enantios*; and *Homœios* has been drawn, *and by us*. That teaching was the sustenance we sucked from the teats of our alma mater, and when we have cut loose from her apron strings it is at least dishonest to disown it. In the face of this transaction we submit that it is the hardest effrontery for our reviewer to sit in judgment upon any science of homœopathic therapeutics; he had far better spend the greenness of his goslinghood in seeking out the resources of *Similia*.

Let it be distinctly understood that we do not cavil at his peculiar treatment of delirium tremens. When one stands between his fellow man and Death he must do *his* best though that be to fly in the face of a shibboleth. But such an one in adopting a treatment which is at variance with the formula of his acknowledged creed should either openly confess that he is incapable of realizing the possibilities of that formula, or at once assume the insignia of eclecticism. From the image it bore Christ gave the coin to Caesar, and even so must we do in Science if we would be catholic.

But will it be urged that our reviewer was ignorant of the fact that he was practising enantiopathy? No; you see, your "rational" homœopath is *he* who understands the "action" of a medicine; *he* knows what he is doing; *he* does not prescribe from a group of symptoms which are unintelligible to him, *he* leaves all that sort of nonsense to the credulous high dilutionists. In the treatment of delirium tremens our reviewer followed what is termed the Physiological School

but which in this instance was neither more nor less than a resurrected Brunonianism. The principles upon which he based his treatment were derived from a purely theoretical view of the case. The first consideration was a diagnosis; and this happened to stick out like the Duke of Wellington's nose. Then came the query, what is the pathology? It is a condition of cerebral anæmia—hyper vaso-motor action, capillaries constricted, blood-supply *minus*. What is to be done? Equalize the circulation, of course—plain as the Duke's nose to a "rational" homœopath. How shall I do it? By producing vaso-motor paresis. How shall I do it? Let me see; *Glonoine* occasions *congestion* of the brain; so does *Belladonna*; so does *Opium*. I don't know that *Glonoine* has ever been "used" in delirium tremens. I believe some high dilutionists have employed *Belladonna*; but this man has three fractured ribs, and is in pain; *Opium* is "good" for pain, so *Opium* it is. And by virtue of its inherent capability of inducing a diametrically opposite condition, three ounces of laudanum neutralized the existing condition.

If our reviewer objects to this rationale, then he and I have nuts to crack; and that is all we have to say about his essential knowledge of homœopathy. But before passing to another theme we must observe that our reviewer is evidently one after Bæhr's own kidney, in that like him, he "makes the selection of the appropriate remedy depend upon a careful diagnosis of the disease." If diagnosis is not merely putting a nosological handle upon a group of symptoms, then our reviewer will miss the "appropriate remedy" a great many times in the course of a year. On page 9, of Russell's *Clinical Lectures*, he will find fifteen "careful" diagnoses, each different, made by as many English physicians, in the case of the same patient. But suppose our reviewer could have made a correct diagnosis in this identical case, in practice he will still meet with symptomatic congeries which defy the nosological tether of Cullen, Mason Good, and Dictionary Copland.* Yea, and to cure, our reviewer will have to get down on his marrow bones to make a "careful diagnosis" of the remedy.

When that time arrives he will know something of our Posology. Until then, he may be allowed to foam at the mouth on the mention of it, as his betters have done before him.

At present we will merely ask him, What do you *know* about high potencies? Have you tried them? If not, are you so servile as to

*"How often does the candid physician find himself forced honestly to admit that he is at a loss what name to give to the combination of morbid actions which he is called upon to treat! The common herd of mankind would seem to fancy, as in nature there are certain types of all animal and vegetable substances, and the botanist has no difficulty in classing such a plant, for example, as the *Conium Maculatum*; and the natural historian can readily pronounce that such a bird is the *Alcedo Ispida*; that the physician, in like manner, upon examining the characteristic features of any case, should have no difficulty in pronouncing that it is *pleuritis*, for example, or *pneumonia*, or the like. But how often does it happen, that the complaint in question is an aggregate of symptoms, produced by peculiarities of constitution, and incidental circumstances, which, taken together, constitute an *ensemble* which does not well admit of being referred to any one of the general forms of disease described in our nosological systems?" Hippocrates' Works, vol. 1, p. 342, Sydenham Society.

take another's *ipse dixit* in a matter which even a third-rate self-respect makes it incumbent upon every homœopath to determine for himself? They can be tested in numberless cases without jeopardizing life by a negative treatment. Or have you tried them, and found them wanting? If so, the cloud of respectable witnesses in their favor renders it imperative upon you to publish your failures—and thus prove yourself competent to make the experiments—before you indulge in loud-mouthed denunciations.

We are ready to admit that much sterling nonsense is published as high potency cures. And if our reviewer demands it we will also allow that "rational" homœopaths are as every whit as infallible as the Pope himself, and never guilty of any nonsense whatever. But how will even this liberality help him, for high potency nonsense is still the exception which proves the rule. "It *is* hard to kick against the pricks," for there is too much testimony which the laws of evidence will not permit to be ruled out by even a packed jury of "rational" homœopaths.

Still, in the face of such testimony, the cuckoo-cry is, You can not demonstrate that there is any of the medicine in a high potency. Our very reviewer borrows Yeldham's wit to speak of "Fincke and his 100, 000th washing."* It is in vain to urge the *pathological test* for their consideration. They tell you glibly of the *post hoc* and the *propter*. Would it not be capital if we could convict them of relying upon the *pathological test* for the demonstration of the medicines in any of their potencies. Stranger things have happened, so let us look into this.

Now we do positively know one very rabid "rational" homœopath who employs the 6th cent. dilution with all confidence, he is satisfied with the result of their use—cures, *his* cures follow.

There is, however, no other known method under heaven than the *pathological test* by which the presence of any of the remedy in that potency can be demonstrated. Dr. Ozanne claims to have detected smaller quantities, but his assertions have not been corroborated by any other observer. The most reliable spectrum analyses fall short of the sixth centesimal dilution. Some years of research in this field have convinced us that the microscope will reveal smaller quantities than the spectro-scope, yet have we never been able to discern any trace of a remedy in the 6th cent. dilution or trituration with a first class instrument and the best lenses. Analogy, based upon the appearances presented by the lower triturations, impels us to believe that the remedy *is* in the 6th trituration; but with our present optical instruments it may not be demonstrated. I doubt if the human eye will ever be enabled to discern the particles in this trituration, for I believe they are so finely subdi-

*In regard to these potencies we *know* nothing of them. We are only sure that they can not be truthfully condemned without a fair trial. In regard to their maker we have nothing in common. A soul which can patent anything that will alleviate one pang of suffering humanity is of a stature which just reaches to the "till" of an apothecary's counter. History will place such a *physician* in the same niche with the Chamberlens and their forceps.

vided as not to interfere sufficiently with the illuminating ray to produce the retinal stimulus necessary for vision.

Thus it appears that our sceptical "rational" Homœopath not only must but *does* rely upon the derided *pathological test*, for he can demonstrate the actual presence of the remedy in the 6th potency only as we do in the 200th—*ab usu in morbus*.

Now, your "rational" Homœopath is very apt to be a graduate of an Old School College, and a parchment traceable to such a source is by him looked upon as endowing its holder with more critical acumen, common-sense &c.—very good reasoning, of course, for we recognize that all the holders of such degrees are fully competent to realize the value of the homœopathic system, and show their good sense by adopting it. But this supercilious affectation of superiority must be almost wholly confined to American graduates of that ilk, and these, forsooth, find their scientific *Paradiso* in the mother tincture, while their *Purgatoria* is just outside the 6th dilution. Such a one will not accept the testimony of an American graduate of a Homœopathic College in regard to the efficacy of the potencies. How then will such an one explain away the evidence of our English co-laborers who have ventured into the *terra incognita* of the 12th, 24th, 30th, and 200th. potencies, and brought back such reports as did the spies from the Promised Land? Is their education, their power of observation, their logic capable of only *a non sequitur*?

For a gooseberry fool commend us to him who stands up in the face of the numberless witnesses and declares there is no efficacy in the "high dilutions." If he were only to chirp the classic phrase "*I can't see it*" we would pity his eyes, and out of charity say nothing of his abilities.

But why will not our reviewer, if he will accept no other's testimony in regard to high potencies, determine them by experiments of his own. If he alone is never beguiled by the *post* and *propter* surely he, of all others, is the one to find the value of the potencies. He is the scientific, the logical, the "rational" practitioner—in his own estimation; but with all his science, logic and "gumption" he has prejudged the potencies, and drawn a conclusion before he had determined his premises. Firstly he *knows* there is nothing in them; and secondly, nothing can be demonstrated in them by any scientific instrument; or if you like, there is nothing in them because it eludes the microscope and the spectroscope. Our doubting Thomas will not "believe for the *works'* sake," he, indeed, must thrust his fingers into the gaping wound. He means to "prove all things," but does not stop to consider if all things be provable by his method of proving. If he were in verity so "scientific" as he assumes to be, he might find that in the absolute order of things limits of proof necessarily exist. Or, to say that which we do know, he might learn that in the present state of optical art ocular demonstration has found *a* limit which may not be *the* limit.

As a consideration of this matter would transcend the limits of this paper we must defer it until another occasion; meanwhile we commend

to our reviewer's attention Dr. Neidhard's catholic-spirited paper—*British Jour. of Hom.* Vol. xxvii, p. 549.

A conscientious experimental examination of the posological question may not lead one into an exclusive employment of the high potencies, but a competent trial of them can not fail to enlarge the sphere of therapeutic possibility. To be sure, Trinks succeeded with a *Rhus* tincture where Hahnemann himself had failed with a *Rhus* potency; but old Sam. Weller's "wisey wersey" has obtained so very frequently that the hint may not be despised.

Having enjoyed a student life intimacy with our reviewer he well knows how heartily we once shared in his posological scepticism. He can not accuse us of having entertained a bias in favor of what he would call the transcendentalism of homœopathy. Nor can he urge such a charge against our mutual fellow student, Dr. James B. Bell. Our convictions of the actual potency of high dilutions were the results of researches undertaken with the aim and in the hope of demonstrating their utter nullity. In order to be philosophical, we felt it obligatory upon us to try the clinical test among the others. It was a happy day for our patients when we began this enquiry, for since we have employed potencies we have come to learn that Quinine and Arsenic are not the only remedies for fever and ague, and we no longer eat the leek which of old had made us feel so "mean."

But we do not assume to be a partisan of the high potencies; we only claim for them an efficiency which our reviewer most illogically denies. The range of the philosophical physician will reach from Zero to the Zenith, and, bound to no potency, he will test all in the crucible of results. In this, with a careful study of the *Materia Medica*, he will from year to year find less and less dross; and if he be wise he will also learn that the fault is oftener in the prescription than the high potency; and, more than all, he will cherish that "charitas" which at present can't find a seat in his "omnibus."

CARL MÜLLER.

A REPLY TO DR. GRIFFIN'S LETTER to Mr. Atherly, entitled "Homœopathy in Southampton," by Robert T. Cooper, A. B., M. B., M. Ch., T. C. D., etc. London: Henry Turner & Co.

Dr. Cooper defends his position courteously and courageously.

CANADA HEALTH JOURNAL.

A monthly hygienic publication, edited by Cl. T. Campbell, M. D., London, Ontario, and published by John Cameron & Brother, at 50 cents per year. It is neatly printed, and we hope it will be successful.

THE PREVENTIVE OBSTACLE, OR CONJUGAL ONANISM—the dangers and inconveniences to the individual, to the family, and to society, of frauds in the accomplishment of the generative functions; by L. F. E. Bergeret, physician-in-chief of the Arbor's Hospital (Jura); translated from the third French edition, by P. DeMarmon, M. D. New York: Turner & Mignard, 1870.

We receive this book from the publishers just as we are going to press, and have only time to give it a superficial examination. Every observing physician is aware that the fashionable prevent-

ives of conception, are destroyers of both the physical and moral nature. The right sort of information should be communicated to the people in the right manner, by the right man, but we have not yet seen any book or publication which treats the subject with the skill, delicacy and purity that it requires.

THE AMERICAN AGRICULTURIST. New York: Orange Judd & Co.

The April number contains a design with specifications for a convenient country house, to cost \$7,000 to \$8,500, and the usual variety of papers, interesting to every owner of farm or garden.

ANNUAL ADDRESS delivered by Alexander Wilder, M. D., President, before the Eclectic Medical Society of the State of New York, January 26, 1870.

In this address, Dr. Wilder attempts to prove that consanguineous marriages are not forbidden by moral or physiological laws, and that there are many evils following connubial alliances between persons of diverse race. We think that the adoption of Dr. Wilder's views would result in a multitude of evils to the race, and when time and space will permit, we may undertake to prove the correctness of our opinion.

THE SHILLING MANUAL OF PHARMACY, designed as a class-book for students, and a counter-book for dispensers. London: Simpkin, Marshall & Co., and Dr. Lodge, Detroit, Michigan. Price 40 cents.

This little manual contains a list of medicines, tables of weights, symbols, etc., glossary and list of contractions and Latin terms.

HOMŒOPATHY AND THE DOCTORS; or, a plea for scientific medicine, forming a reply to Dr. Griffin's letter against it, by B. Lyon Williams. London, England: Henry Turner & Co. 1870.

The circulation of controversial papers of this description by laymen of talent will doubtless help the cause in England.

UNIVERSITY OF MICHIGAN. Catalogue of the officers and students for 1869-70.

"No previous course of reading is required" of law students. Medical students must "*exhibit satisfactory evidence*" of "*a good English education*," a fair knowledge of the natural sciences, etc., etc. All correct as far as medical students are concerned, but how is it that no preliminary education is required of the law student?

AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA. Published by the Hahnemann Medical College of Philadelphia, at \$2 per year.

March number just received (April 6). It contains, p. 73-84, Clinical notes; pp. 73-84, Pathogenesis *Carburetum sulphuris*; 4 pages items. Announcement, etc., Hahnemann Medical College; Prof. Raue's Veledictory; index to Journal of Homœopathic clinics.

Physiology and Principles of Medicine.

PROF. H. P. GATCHELL, M. D., KENOSHA, WISC., EDITOR.

WHAT ARE THE CAUSES OF SEX?

I have accepted, for the physiological department of the Observer, the following articles, as I did others on the same subject, in order to attract attention to an important question.

There is no reason whatever to doubt the final determination of the laws of the production of sex, however imperfect any present statement may be.

And while I would not dogmatize, in the way of answer to the question at the head of this article, I shall not be considered as overstepping the bounds of modesty, if I offer some hints towards its solution; and even append a hypothesis to aid in directing observations.

1. It has been observed that heat favors the development of male, and light of female blossoms.

2. I have, for many years, observed a predominant tendency on the part of sons, to resemble either the mother, or some male relation of the mother, and of daughters to resemble the father, or some female relative of the father.

Henry's eloquence, Bacon's philosophic capacity, and Buonaparte's energy came from the mother's side. And in those instances, in which a great father had a great son, the son has not resembled the father. I think that John Quincy Adams derived his character and capacity from, or through his mother. His intellect was unlike his father's. William Pitt was as unlike the Earl of Chatham, as Alexander, misnamed the Great, was to Philip of Macedon.

The rule of resemblance which has been stated, will probably hold in four cases out of five, provided a large number of persons

is taken. Numerous instances are necessary in all cases, in which we have a complexity of causes to deal with.

It is true that the relation of cause and effect is invariable and that one instance is as conclusive as a thousand, provided we eliminate the incidental, and retain only the essential.

In mathematical science this is easy to do, in physical difficult, in physiological more difficult.

3. Experiments show a tendency to the production of more males than females among animals, when the sire is old, and of more females than males when the sire is young. I think I have discovered a similar tendency among human beings, though it is not to be expected that the result will be as uniform among the latter, because there are more disturbing causes among men than among animals.

4. It was long ago noticed that delaying the impregnation of the queen bee results in male offspring. Analogous observation has been had in regard to the wasp. Recent experiments indicate that this law of delayed impregnation obtains with regard to the higher animals.

5. In general, among both men and animals, very vigorous and strongly marked individuals have the greater capacity for propagating their characteristics.

SUPREME LAW OF PRODUCTION OF SEX.

It may not be possible from the scanty materials here presented, to induce a supreme law of sex. But they certainly afford hints towards a hypothesis; and that I shall attempt.

As the love of each sex is towards its opposite, so is the organic effort of each towards the production of its opposite.

Let us see if the facts stated can justly be interpreted in harmony with this hypothesis.

That there must be a correspondence between the spiritual and material, seems to me to be but an obvious corollary of the existence and relations of the two. If we admit that spirit is the active, causative, and matter the passive, affected, we must accept the principle, however much we may differ as to the details of its application. Effects must always correspond to their causes; and if primary, efficient causes are found in the spiritual, there must needs be a correspondence of material forms and conditions. It would therefore be less than strange, it would be most harmonious that the organic effort should correspond to the mental affection; that the organism should most energetically

strive to produce that which the mind supremely loves.

The body being subordinate, and existing for the use of the mind, should seek to accomplish its ends; as we know that it does in ten thousand automatic movements, apparently mere organic acts.

HEAT AND LIGHT.

The statement in the first section, may not at a glance appear to have any bearing on the proposed hypothesis. But critically examined, it is seen to be not without signification.

The human mind in a thousand forms of speech has evinced its intuition of the correspondence between the spiritual and material. And it is amazing how human speech would be impoverished, if we were to strike out all such forms.* Notable among these are such phrases as warmth of affection, luminousness of intellect.

Now, that love more especially characterizes woman, and intellect man, is a proposition that needs no amplification or illustration. The history of the race is conclusive.

In the statement, therefore, of relations of heat and light to male and female flowers, is a suggestion, in the way of analogy, of the effort of each sex to produce its opposite. As physical heat results in the production of the male, and physical light in the production of the female flower, so does the warmth of affection in the mother tend to the production of the male, and the clearness of intellect of the father tend to the production of the female child.

The nervous influence proceeding from the affectional region of the brain, is more energetic than that proceeding from the intellectual region. And it is pretty well established that more energy is requisite to the production of male than of female offspring.†

It is perhaps unnecessary to add that heat is more potent than light, in its influence on animal organisms.

FILIAL RESEMBLANCE.

The tendency on the part of children, to resemble the parent of the opposite sex, is too significant a fact to be overlooked. It is more than a suggestion. It is the exemplification of the law

*Perceive, conceive, apprehend, comprehend, and almost all other terms employed to express mental, were originally appropriated to physical relations.

†It has been observed, when a race of animals has become enfeebled, that there is an excess of female progeny, and that the males begin to lose their distinctive characteristics of appearance.

that I have hypothecated, as ruling in reproduction. If the rule were that each parent should reproduce its own sex, the tendency of resemblance should be the opposite of what it is. The prevalent resemblance on the part of the sons should be paternal, and on the part of the daughters to the maternal ancestry. And until the fact stated can be shown to be reconcilable with the opposite hypothesis, a strong presumption will exist in favor of the one that I have enumerated.

PARENTAL AGE.

As in regard to most other things in this universe, so in the production of a human being, various causes and various laws (which latter term is but an expression of the mode of action of causes) are concerned.

When there is a complexity of causes, there is more or less intersection of laws. And as the several causes differ in energy in different cases, so is the resulting effect modified. That law prevails which corresponds to the more energetic cause. And this leads us to an interpretation of the fact stated in the third section.

Among the causes contributing to the success of the organic effort towards the production of sex, is a high degree of procreative vigor. At least, I have arrived at this conclusion, from some observation, and by deduction from well-known facts.

The procreative vigor, like all functional vigor, is a specialty, depending on the condition of the proper organs. Like digestion or any other particular function, while it is affected more or less by the general health, it may be out of proportion to the general vigor, either in the way of excess or deficiency.

If the procreative vigor is naturally weak, if it has been enfeebled by any cause, by excessive intellectual action, by sexual excesses, early or late, the less, according to the proposed law, will be the proportion of children of the opposite sex.*

Now, the procreative vigor is greater in early life, during the

*It was formerly asserted, in regard to the Mormons and other polygamous people, that they beget more female than male children.

If the husbands were not tempted to excess, this fact would accord well with the hypothesis that I have proposed; since there would be a tendency, resulting from the variety, to the development of a high degree of procreative vigor. But human nature is frail, and if polygamic husbands are not guilty of excess, they are more virtuous than the average of the race.

I have seen some recent statements, dealing, too, in specifications of relative numbers of sons and daughters in different families, to the effect that there is, among the Mormons, a marked excess of sons, which accords with both current human nature and the hypothesis:

reign of the passions; diminishing as with advance of years, these subside, and the intellect and moral sentiments become more dominant; so that the young father should beget more daughters than the older one.

As a general rule, mothers are considerably younger than fathers, and in accordance with this fact we have a decided predominance of male children, amounting on the average to an excess of five per cent. There is no plausible explanation of this excess, so far as I am informed, but the one here proposed.

If from any cause, the procreative vigor of the younger parent instead of following the general law, is less instead of greater, the sex of the progeny will also be exceptional.

The procreative vigor is not a constant factor, but is liable, like other functional energy, to great variation; so that the problem is an exceedingly complex one.

But sex may be stated as a result mainly of the tendency of each parent to produce the opposite sex, and of the procreative vigor requisite to the accomplishment of the end aimed at.

DELAYED IMPREGNATION.

In the effect of delayed impregnation, we have, it seems to me, confirmation of the proposition regarding the relative procreative vigor. There exists accumulated excitability, with increased turgidness of the blood-vessels, and consequently greater procreative vigor, unless impregnation is postponed until the heat begins to subside. The ovum is also more fully developed, and hence more vigorous at the later than at the earlier period, provided impregnation is not too long delayed.

Accordingly the result of delayed impregnation should be, as stated, an increase of male progeny.

MARKED CHARACTERISTICS.

We have, in the fifth section, a prominent disturbing cause, interfering with uniformity of resemblance under the proposed law of reproduction. Strong characteristics in one or the other parent, may impress themselves on both sexes among the offspring, and like the Hapsburg lip, be transmitted for centuries.

Or one strongly marked parent may re-appear in both sons and daughters. The procreative vigor may not be sufficient to determine the sex in every instance; and yet some qualities may be so powerful as to impress the germ, to such a degree as to leave their mark on every child.

An extraordinary degree of energy of some faculty at the time

procreation may stamp its impress on that particular child. Yet with no corresponding increase of the procreative vigor, the sex would remain unaffected.

The sex might follow the law of derivation from the opposite parent, at the same time that the parent of the same sex had impressed the offspring to the production of some striking resemblance.

Combe, Walker, and others narrate instances in which the color of the offspring among animals has been determined by keeping an animal of that color before the parents when in the act of copulation.

This could not at all affect the relative procreative vigor, and consequently could have no determining influence on the sex.

Whether there are any characteristics which are invariably transmitted along with the sex, I am unable to assert. Though I am of the opinion that there are none, and that the sex may be determined by the superior procreative vigor of one parent, while the peculiar mental or physical characteristics of the other may be transmitted. But I am quite confident that the general rule is the reverse.

To unravel and to present with definiteness and certainty all the complicated relations of this most interesting and important question, will require a vast accumulation of authenticated observations.

I have aimed simply to give some hints, with a view to directing attention.

This article, which I have long had lying by me, was intended as one of a series, designed to develop what I have been accustomed to teach in my physiological course.

Having entered upon the task, I hope to complete it, although I have furnished a large quantity of that pavement which is said to consist of good intentions. Should I prosecute the subject, I hope to give at least a plausible solution of the transmission of mental qualities, and to explain such cases as the inheriting of marks of the quagga-sire, by subsequent foals by the horse. Carpenter attributes the result to a lasting influence on the blood of the dam, from carrying the quagga-foal.

I will, at least, not offer a more absurd solution than this generally accepted one of Carpenter's proposing.

HOW TO PRODUCE SEXES AT WILL.

BY F. M. BOYNTON, M. D., HENDERSON, TEXAS.

Upon this subject there is a small, but interesting work, by R. T. Trall, M. D. This work presents the labors of a French physiologist. I have not seen this book since 1862, as during the late unfortunate civil strife my Northern brethern appropriated my books and private labors to the gratification of violence.

The author gives an extended experimentation upon horses, cats, rabbits, dogs, etc., demonstrating by removing one testicle, that it deprives them of the capacity of producing only the sex corresponding to the remaining testicle.

The right testicle is supposed to correspond to the male, and the left to the female. I have a gentleman now under observation, who lost his right testicle during the late war, since which he is the father of three female children. Previous to the loss of his right testicle, he had several male children. I have given the theory to several parties, and do not know of a failure where it was practiced. The theory is easy of demonstration upon the lower animals by partial castration.

The author's plan to be observed by man during the act of copulation, is to place his head upon the shoulder of the female, opposite to the testicle desired to be exercised. This partially diagonal position brings into play those muscles that elevate the testicle; and to make success sure, the opposite one may be gently drawn down, and "experience" will find it to maintain its swinging position, giving evidence of disinterestedness in the act.

"SEX OF FÆTUS."

BY C. S. WOODRUFF, M. D., TROY, N. Y.

Under this heading appears an article in the August number, 1869, of the *Observer*, which is worthy of notice.

The genteel rehash of the old, vulgar, and supposed Aristotlean theory of sex, originating, as the writer says, with him from "a very imperfect outline given him by a gentleman high in the profession at Edinburgh, Scotland," I well recollect was a subject of speculation among lads when I was a boy, just fit to entertain such young and ignorant minds; but, in this later day, can hardly lay claim to medical science, such as your journal assumes to be the exponent of, though emanating from one who has "tested the theory in fifteen cases, in practice."

After dividing his subject through the mesian line, he proceeds

to inform us that the right half corresponds to the male sex, and *vice versa*, without, however, giving in proof one single reason.

He then says, "it is *assumed* that, in coition, but one testicle will act at a time, prior to which action it *ascends* in the scrotum," etc. Our author could certainly never have been a disciple of Onan, or he would have observed that *both* testicles draw up, or "*ascend*" in the scrotum at the time of coition and emission. It is fair to suppose — no proof to the contrary — both testicles act at the same time, under a common impulse, if both are healthy; while what he says in regard to lying upon either side and drawing up, or flexing the limb, thereby "producing tension upon the spermatic cord," (which it does not,) "raising one testicle and depressing the other with the *hand*," etc., is simply ridiculous. And were the raising and depressing process effectual, how is it to be accomplished? for it is presumed that just at that critical and emphatic moment the juxtaposition is next to inseparable. The case he recites of the Waterloo soldier, proves nothing, since instances are not uncommon where two sound testicles have given rise in some cases to all sons, in others to all daughters.

There is a law regulating sex more deep and profound than science has yet penetrated; a law of affinity, lying amid those spiritual forces which make and regulate all creation. And this law, I believe, can extract male or female from either or both testes, as certainly as the rose receives its various hues. If the principle of life given in the male germ be positive to the female ovum, the result is a female child, and contra, is a theory far more plausible to my mind. There are some things back of which science cannot go. The infinite laws of creation act from a wise design, deeper far than man's comprehension, which, could he change or frustrate, by lying at leisure on *either side*, or by the restraining and aiding use of the *hand*, would cease to be infinite, and man become almost a god.

The tables would be turned; and a warlike country, having this precious knowledge, would also have the enemy at an immense disadvantage by being able to produce, at will, all soldiers.

PRODUCTION OF SEXES AT WILL.

Dr. Liscomb, in the *Nashville Journal of Medicine and Surgery*, referring to M. Thuný's theory of the production of sexes at will, says, that he believes the Creator has reserved this secret to himself, and that it is doubtless best it should so remain. "Discover this secret to man, and what might he not attempt?"

Surgical Department.

RUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

LARYNGOSCOPY MADE EASY—THE POCKET LARYNGOSCOPE.*

BY DR. ELSBERG,

Clinical Professor of Diseases of the Throat in the University of New York.

The laryngoscope has accomplished wonders. The method of its employment is hardly a dozen years old, and it can show practical results unsurpassed in the history of any department of medicine. The introduction of auscultation and percussion, as to heart and lung diseases, or of ophthalmoscopy as to diseases of the internal structures of the eye, which may be compared to it in regard to the revolution it achieved in diagnosis, is left in the shade when the *direct* aid to treatment is taken into consideration. The great merit of laryngoscopy is, as has been before pointed out, that it has entirely changed the *field* of laryngeal therapeutics; that it has made of an internal, invisible and intangible organ one which is now, as it were, external, at all events visible and within the reach of touch. The feats of laryngoscopic surgery which have been performed recently exceed not only everything that could have been conceived of in ante-laryngoscopic times, but even "the most sanguine expectations" of the early cultivators of the method.

But—and for the credit and the success of the profession at large and the best interests of patients, it is a serious "but"—in one respect just expectations have been disappointed. While the laryngoscope has been brought by the few to a state of relative

*Physician and Pharmaceutist, February, 1870.

manual perfection, and while there is perhaps no regularly educated physician in the land who has not heard of the instrument, the consummation wished for years ago, viz., "its common employment in the round of daily practice in every case requiring its aid,"* is still unrealized.

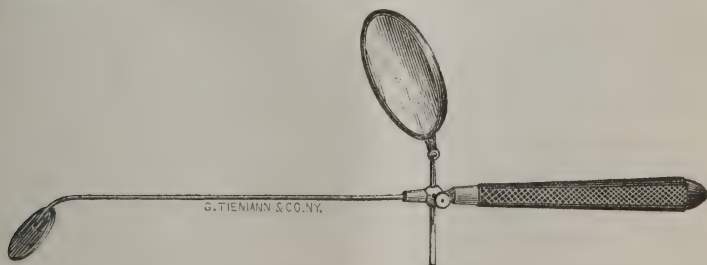
What is the reason of this failure? Are the inherent difficulties of laryngoscopy so great that the general medical practitioner cannot avail himself of it? Must every patient who cannot consult a specialist be necessarily debarred from the benefits of laryngoscopical medication—a medication which has been authoritatively pronounced "the most important improvement recently made in practical medicine?"

No! *The performance of laryngoscopy is generally as easy as, if not more easy than, the performance of any one of the methods of physical examination which a physician would be ashamed not to have mastered, at least to some extent.* Of course there are exceptional cases, which require, particularly for operative treatment, special skill; but no general practitioner, who claims to practice his profession conscientiously, is at this day excusable if he has never seen the interior of the living larynx. It is not as difficult in most cases to obtain a view of the vocal cords as it is to determine an abnormal condition of the heart or lungs by auscultation and percussion, or to sound for stone in the bladder, or to diagnose any one of the deep seated affections of the eye, or even to recognize morbid changes of membrana tympani by the ear speculum. Patients requiring laryngoscopic examination present themselves in general practice far more frequently than those who must be subjected to any one of the other methods of physical exploration mentioned; and although the patient has no right to expect a physician *adept* in every medical specialty, it is the physician's bounden duty to be at least able to apply the established proper means of examination in every case that he accepts to take care of. I could go further and assert that no physician has a moral right to keep under his charge a patient suffering from some important disease belonging to a class which has developed into a specialty, if he understands nothing of that specialty, and if another physician is within reach of the patient who does, or to withhold from the patient the *knowledge* that another physician, accessible to him,

* See Preface to Laryngoscopical Medication; or the Local Treatment of the Diseases of the Throat, Larynx and Neighboring Organs under Sight. By Louis Elsberg, A. M., M. D., etc. New York: William Wood & Co. 1864.

could treat the case more effectually. And self interest, if no other motive, could induce an honest general practitioner to make himself, to some extent at least, practically acquainted with so indispensable an auxiliary as laryngoscopy in diseases which are so common in this country.

Every attempt to simplify the instruments, and to facilitate the performance of laryngoscopy for general purposes, should be hailed as a benefit to the profession at large; and I desire in this connection to mention with especial honor the names of Dr. Ephraim Cutter, of Boston, and Dr. L. Waldenburg, of Berlin. The former first showed how easily a few rays of sunlight, shining any where within or just outside of a room, can be thrown, by a small piece of ordinary looking-glass, properly held, into a patient's mouth; or, if his position is not a convenient one, how the ray may be collected on one looking-glass and by a second one directed into his mouth, wherever he sits. The latter has invented a simple spectacle frame, carrying two reflectors, which can be directed upon the same spot, and throw light from any source, natural or artificial, into the oral cavity. Both in so far simplify laryngoscopy as they illuminate the back of the mouth; for it must be understood that, with the fauces well illuminated, the little laryngeal mirror to be introduced into the mouth alone constitutes the laryngoscope, and is the only instrument which is necessary for simple laryngoscopy. I have devised, a long time ago, a "pocket laryngoscope," of which—though a large number of physicians have seen, and many procured and used it—no account has ever been published.



It is sufficiently clearly represented in the wood-cut. It is composed of a small round mirror, $\frac{7}{8}$ of an inch in diameter, made of glass, with a deposit of silver on the back, and carefully mounted in metal, attached at an angle of 45° to a strong wire, $\frac{1}{16}$ of an inch thick and 6 inches long, which is firmly held by a

long, finely threaded screw, in a strong $\frac{1}{2}$ inch thick handle, 5 inches long; this handle carrying a silvered glass reflector, 3 inches in diameter, of $4\frac{1}{2}$ inches focus, not pierced in the centre, movable in all directions. Though not absolutely necessary, a ring shaped handle may be attached to the back of the reflector, by which the index finger can move it with great ease and precision.

By attention to the detailed direction I am about to give as to the employment of this instrument, *every physician can learn, with ten minutes' practice, to perform laryngoscopy in all ordinary cases.*

I will first suppose the examination is to be made in the day time, in the absence of direct sunlight. Seat the patient with his back to the window, let him open his mouth and protrude his tongue by a strong effort of his will, and let him hold the tongue out with his index finger and thumb of his right hand, covered by a handkerchief. As I want to give minute practical directions, I must say here that a great deal of awkwardness is prevented by placing the handkerchief between the middle and index fingers, turning it over so as to cover the index finger and thumb spread far apart, and closing the little and ring finger upon the handkerchief; the thumb and index finger then taking hold of the tip of the tongue, the thumb should rest against the chin, and by an outward and downward movement arch out the tongue. When the patient does not succeed in properly holding out his tongue, the examiner must hold it with his left hand. The little mirror is warmed until the film of condensation which settles upon it passes off; its temperature may be ascertained by bringing its metallic back into contact with the examiner's cheek or the back of his hand; it is then, without touching the tongue, introduced into the mouth, taking the uvula upon its back. Keeping the parts well illuminated by means of the reflector, on depressing the handle a little, the epiglottis will be seen in the mirror; and getting the patient to breathe deeply, say "a," laugh "hah, hah, hah!" as heartily as possible, &c., and very slightly moving the handle, the various parts of the interior of the larynx and neighboring organs will be brought into view.

When artificial light has to be employed, the patient should sit so that it is a little back of him, and on his right side. In all other respects the mode of examination is unchanged. The pocket laryngoscope may be used with sunlight, or diffuse day light or

oil lamp, candle or gas light; and in the latter case the ordinary high gas fixture answers the purpose almost as well as a drop light or stand. Ten minutes' practice familiarizes any one with its use.

For auto-laryngoscopy an extra looking-glass is necessary which, when the mouth can be illuminated by *direct* sun or artificial light, may be in the handle instead of the reflector; otherwise, it must be placed in any convenient manner in front of the examiner.

When the tongue is too short and thick to be well protruded, or when the mouth from any cause cannot be held widely enough open, my "oral speculum," or mouth gag, is of great use in conjunction with the pocket laryngoscope.

Without the mirror, the instrument may also be used for otoscopic and ophthalmoscopic examinations.

"SCREW HOOK" FOR REMOVING FOREIGN BODIES.*

BY L. ELSBERG, M. D.,

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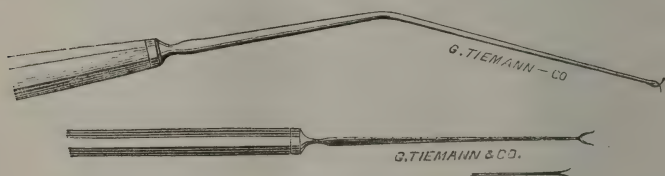
Surgeons are aware not only of the frequency with which foreign bodies, more especially pellets of cotton, impacted in the ear are met with, but also of the difficulty sometimes experienced in removing them. When the foreign body is not too heavy, too large, or too rough, proper syringing may effect its dislodgment; cherry stones, beads, peas, beans, etc., may sometimes be removed by a small spoon similar to that often found attached to grooved directors; occasionally, particularly when not too far in the canal, the substance may be seized and extracted with a proper ear-forceps. But many cases occur in which these contrivances fail, and in which persistent attempts to remove the foreign body by instrumental interference cause great pain, laceration, hæmorrhage, and even violent inflammation, leading to the most serious consequences.

Having within a short space of time seen two cases in which very grave suffering had been brought about by such unsuccessful attempts, and one other in which the foreign body was most firmly impacted at the very bottom of the tube, which had not

*Medical Record No 95.

yet been interfered with,—and having had in these three cases almost immediate success in removing the substance by an instrument, not hitherto, as far as I am aware, employed for this purpose,—I desire to call the attention of the profession generally to it.

The annexed wood-cut gives perhaps as good a representation of it as a drawing can, but hardly good enough to convey a proper idea of it. I call it the “Screw Hook,” because each of the two little prongs has a letter S shape in different directions. The instrument is found in “eye-cases,” and has been proposed by Heurteloup, I think, for fixating the eye-ball; as I understand, it is considered of very little or no use for that purpose by oculists. But it never should be wanting in an “ear case.”



The instrument I have hitherto employed was straight, but in order to have the hand entirely out of the way of the light I have ordered the wire stem to be made longer, and bent at an angle with the handle. The operation of the screw hook is very simple, and, in careful hands, quite safe. It can be introduced and laid against even a sensitive part without causing pain or injury. On turning it around its axis from left to right, the prongs try to bury themselves into the substance they rest against; on turning it from right to left, it unscrews, taking no hold or letting go if previously fastened. Once seized, the foreign body can easily be extracted with it.

In addition to the three cases alluded to above, I have also removed with the same instrument a bean from the nose of a child two and a half years old, which was really out of sight, and yet was luckily caught on the first introduction of the screw hook.*

*Manufactured by George Tiemann & Co.

Materia Medica and Special Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

KALI BROMATUM.

(*Bromide of Potassium.*)

[Continued from page 92.]

EYES.

Pupils contracted. (*vvvv*)

Sight impaired, weak vision, with greatly contracted pupils.

Diminution of sensibility in the ocular conjunctiva, so that the finger may be passed with impunity over the surface of the eyeball without causing winking. (*Turnbull*)

Weak sight, *with* intoxication and deafness. (*Stille*)

Dilated pupils, *with* extreme vertigo and confusion of the head. (*Hering.*)

Pupils prominent. (*Noac.*)

Pupils dilated, and contract very sluggishly under the influence of a very strong light. (*Turnbull.*)

Lusterless eyes. (*Bazire.*)

°Squinting, after night-terrors of children. (*Ringer.*)

°Dilated pupils and sunken eyes (in cholera infantum.) (*Caro.*)

°Eye balls moving in every direction. (*ib.*)

°Photophobia (as a collyrium, 2 parts to 30 of water.) (*Cambron and Rossignol.*)

EARS.

Diminution of hearing. (*Hammond.*)

°Ringing in the ears. (*Begbie.*)

°Noises in the ears. (*ib.*)

°Perversions of the sense of hearing. (*Hammond.*)

NOSE.

°Erythematous swelling of the nose.

MOUTH, TONGUE, FAUCES.

Loss of speech. *Amnesic* aphasia. (*Hammond.*)

Much difficulty in talking. (*ib.*)

Slight redness of the buccal and pharyngeal mucous membranes. (*Pletzer.*)

Slight tracheal and bronchial catarrh. (*ib.*)

The fauces do not *contract* when touched, tickled, or even cut with instruments. (*ib.*)

Loss of sensibility in fauces, soft palate and pharynx. (*ib.*)

°Voice scarcely audible,—in collapse of cholera inf. (*Caro.*)

°Tongue pale. (*ib.*) Tongue cold (*ib.*)

°Tongue red and dry (in cholera infantum.) (*ib.*)

°Infants are choked every time they attempt to drink *fluids* although they can swallow *solids* without difficulty,—no malformation of the throat. (*Ringer.*)

°Hot, dry mouths of teething infants. (*Caro.*)

FACE.

A papular rash on face and nose, with heat and itching. (*McGregor.*)

Successive crops of small boils in the face, with trouble from itching. (*Bazire.*)

Acne-like eruption on the face, neck and shoulders. (*Brown-Sequard.*)

°Expressionless face. (*Bazire.*)

°Acne,—in young persons. (*Hale.*)

JAWS AND TEETH.

°Difficult dentition of children. (*Caro.*)

°*Odontitis* in children. “I have never failed to relieve the child by its local application.” (*ib.*)

°After the first rubbing on, the gums, from being turgid, swollen, and red, they assume their natural color, and a certain amount of ease is felt. (*ib.*)

°The salivary secretion is restored (in teething children,) and as if by enchantment, agitation, carpopedal involuntary motion, vomiting, and looseness of the bowels disappear. (*ib.*)

MOUTH.

Irritation of the mucous membrane of the mouth and fauces, painfulness of the tongue, prominent pupils, rough and burning sensations in the whole buccal cavity as if burnt with caustic. (*Noac.*)

Increased secretion of saliva and mucus. (*ib.*)

Short lasting titillation in the fauces. (*ib.*)

A state of insensibility of the *larynx* and *palate*; the fingers may be carried to the base of the tongue, touch the amygdalæ and posterior nares, and tickle the uvula, without inducing any effort at vomiting or deglutition. (*Huett.*)

°Restoration of the suppressed salivation in teething children. (*Caro.*)

°Fætid breath. (*Hale.*)

°Foul breath. (*Ramskill.*)

White tongue, involving the *edges* as well as the *dorsum*, and

not necessarily furred, with great *languor*, *sleepiness*, and *anorexia*. (*ib.*)

GASTRIC SYMPTOMS.

Increased appetite. (*Noac.*)

Thirst in the afternoon. (*ib.*)

Repeated repulsive eructations. (*ib.*)

Violent nausea and efforts to vomit, with vomiting of a small quantity of mucus, with salt taste in the mouth. (*ib.*)

°Troublesome pressure at the stomach after dinner. (*Hering.*)

°Loss of appetite. (*Noac.*)

LIVER.

°Enlargement of the liver; under the use of half a grain 3 times a day, the belly rapidly assumes the natural size. (*Magendie.*)

It is an alterative and absorbent to the liver. (*Begbie.*)

STOMACH.

Slight catarrh of the stomach. (*Pletzer.*)

Peculiar pressure in the region of the stomach, succeeded by violent colic. (*Hering.*)

Weakness of the stomach, for some time. (*ib.*)

°Vomiting when the ganglionic system is affected. (*Begbie.*)

°Vomiting during pregnancy. (*Cersoy. Hale.*)

°Vomiting in whooping cough. (*Dr. Bearfoot.*)

°Vomiting of *meconium*. (*Caro.*)

°Vomiting with intense thirst. (*Caro.*)

°*Vomiting of drunkards* after a debauch. (*Hale.*)

°Chronic morning vomiting of drunkards. (*ib.*)

°Vomiting, diarrhœa, cramps, coldness and collapse in cholera infantum. (*ib.*)

°Vomiting with diarrhœa of teething children. (*Caro.*)

°*Cholera infantum*.—many cases (160 cases treated) with b. of p. only 3 deaths. (*ib.*)

SPLEEN.

°Enlargement of the spleen.

°Small tumor in the region of the spleen. (*Turnbull.*)

ABDOMEN.

°Ascites of hepatic or splenic origin.

°Constipation of years continuance. (*Hale.*)

Constipation. (*Noac.*)

Obstinate constipation. (*Pletzer.*)

Sensation of warmth in the abdomen. (*Heimerdinger.*)

Flatulence; frequent rumbling. (*ib.*)

Frequent soft stools, preceded by colic. (*ib.*)

Several papescent and afterward liquid stools. (*ib.*)

°Bloody muco-foment diarrhœa, with intense thirst, vomiting, eyes sunken, pupils dilated, skin corrugated and spotted blue,

body cold, tongue red and dry, pulse imperceptible, urine suppressed. (*Caro.*)

° *Colic* in young children; the walls of the belly are retracted and hard, while the intestines can be seen at one spot contracted into a hard lump, of the size of a small orange, and the contraction can be seen through the abdominal wall to travel from one part of the intestines to another; these attacks are frequent and excruciating; are unconnected with diarrhœa or constipation, but are often associated with an aphthous condition of the mouth. (*Ringer. Hale.*)

° Abdomen sunken, almost stuck to the vertebral column.

° Retention of *meconium*, with vomiting of all food and obstinate constipation; in a child 3 days old, cured by $\frac{1}{50}$ of a grain every hour. (*Caro.*)

° Painless diarrhœa, 15 to 20 passages in 24 hours, *with* great chilliness, even in a hot room; burning in the chest; abdomen cold internally; pulse 100, weak; urine scanty, dribbling a few drops at start. "At every evacuation felt as if my intestines were sinking from me. I was restless and shaky as if from palsy." Dose 5 grains; after the second dose fell asleep for six hours, perspiring profusely. (*Caro.*)

° Summer complaint, or cholera infantum, is not an inflammatory affection, but arises from an *over excitement of the nervous* and vascular systems, and therefore the b. of p. is a specific. (*Caro.*)

° Diminishes abnormal sensibility of the mucous membranes of the whole alimentary canal. (*Caro.*)

° *Asiatic cholera*, in the first stage, arrests the vomiting, the cramps, and the rice-water discharges; restores the secretion of urine; the warmth and color to the previously cold and livid skin. (Dose 20 grains every hour.) Its use should be suspended when re-action or fever sets in. (*Begbie.*)

° Discharge of a considerable quantity of tar-like substance (decomposed blood) having a foetid smell; accompanied with tenesmus in animals. (*Noac.*)

SEXUAL ORGANS. (MEN.)

Diminution of sexual desire. (*vvv*) (*Huett et al.*)

Absence of sexual desire, *with* impotence. (*vvv*) (*ib*)

Torpor of the male genital organs. (*ib.*)

Impotence with absence of all lascivious thoughts. (*ib.*)

Lowers the functions of the generative organs. (*Ganot.*)

Semen is not secreted. (*Pfeiffer.*)

° *Nocturnal emissions, with amorous dreams and erections.* (*Huett.*)

° Excessive sexual desires, with constant erections at night. (*Hale.*)

° *Chordee*,—during gonorrhœa. (*Hale.*)

° *Satyriasis.* (*Thiellman.*)

° Sensual and lascivious fancies and dreams. (*Hale.*)

The anaphrodisiac power of the b. of p. is due to contraction of minute afferent vessels of the corpus cavernosus. (*Pelvet.*)

SEXUAL ORGANS. (WOMEN.)

Diminution of the natural sexual desires. (*Hale.*)

Abolition of all sexual feelings. (*ib.*)

Loss of enjoyment during coition. (*ib.*)

° *Nymphomania*. (*Hale, Couch, Hammond, et al.*)

° Excessive sexual desires during the menses. (*Hale.*)

° *Erotomania*, a few days after the menses. (*ib.*)

° *Nymphomania* during the puerperal state. (*ib.*)

° Voluptuous itching, tingling and irritation in the external genital organs. (*Hale.*)

Epilepsy from *ovarian* irritation.

° Epileptic attacks at or near the menstrual periods. (*Laycock.*)

° Enlargement of the uterus ("sub-involution") after parturition with abnormal discharges (*Simpson.*)

° Diminished the size and alleviates the pain in fibrous tumors of uterus (*ib.*)

° Menstrual ailments. Before the menses: *headache*,—during the menses; *epileptic spasms*; *nymphomania*; *itching*; *burning and excitement in the vulva, pudenda and clitoris*; after the menses, *headache, insomnia, and heat in the genitals*. (*Hale.*)

° Menorrhagia, from reflex or nervous causes (*Ringer.*)

° Metrorrhagia from reflex irritation, or of a nervous origin. (*ib.*)

° Menorrhagia at the climacteric period. (*Garrod.*)

° Sterility.

The menses are more scanty.

URINARY ORGANS.

Rarely any increase in the amount of urine eliminated. (*Pletzer.*)

In a few cases the urine contained albumen. (*ib.*)

Pain in the region of the *kidneys*, spreading in the direction of the colon ascendens, afterwards copious secretion of urine. (*Noac.*)

Diminution of the sensibility of the urethra. (*Caro.*)

Increased secretion of urine. (*Hering.*)

Profuse urination with thirst. (*ib.*)

Thin yellowish-white copious urine. (*Heimerdinger.*)

Pale thin urine, having a peculiar fetid smell. (*Noac.*)

Diminished secretion of urine. (*ib.*)

° Convulsions from Brights disease.

° Abnormal irritability of the urinary passages. (*ib.*)

° Nocturnal involuntary emissions of urine. (*Hewson.*)

° Suppression of urine, in cholera infantum. (*Caro.*)

° *Diabetes mellitus*. (2 cases.) Symptoms; emaciation; paleness; skin cold and dry; pulse rapid and feeble; tongue red and tender; gums spongy and bleeding; thirst excessive; appetite voracious; bowels constipated; *urine* pale, frequent, large quantity, of high density, and loaded with sugar; liver tumid and tender. (20 grs. b. of p. 3 times a day. All the symptoms disappeared in six weeks: no relapse.) (*Begbie*.)

° Neuralgia of the neck of the bladder. (*Pfeiffer*.)

° Spasmodic affection of the neck of the bladder, in an old gentleman troubled with vesical disease. Symptoms; frequent and irresistible desire to urinate, but could not, except with urging and difficulty. The more effort he made, the more difficult to stand it. The urine would flow a few seconds and then stop suddenly, with pain in neck of bladder and urethra. The urine was normal in appearance. The *concomitants* were; sensation of internal trembling all over; quick excited pulse; hot skin; foetid breath; frontal and occipital headache and sleeplessness. Cantharis, Apis, and Belladonna failed to give relief. Brom. of Pot. removed the symptoms in 28 hours. (*Hale*.)

° [The b. of p. is found in the urine 2 weeks, even 4 weeks after it was taken in an animal.] (*Roberteau. Namias*.)

LARYNX.

Loss of sensibility in the larynx.

Hoarseness, extremely painful and disagreeable. (*Hering*.)

Hacking cough with dullness and confusion of the head. (*ib.*)

° Hyperæsthesia of the laryngeal nerves.

° Whooping cough, uncomplicated by other affections.

° *Laryngismus stridulus*—uncomplicated.

° *Diphtheria*, with quick pulse; fever; dry tongue; offensive breath; highly injected and dusky red fauces; with patches of wash-leather exudation on tonsils or pharynx. (*Snelling*.)

° Diphtheritic angina. (*Belcher*.)

° Membranous croup, with *whitish* exudation. (Kali bich, when yellow.) (*ib.*)

[A solution of b. of p. dissolves false membranes.] (*Laboulbene*.)

° Whooping cough,—the spasmodic action disappears in about five days, leaving a simple bronchial catarrh. It removes the anxiety and the vomiting; improves the appetite and increases the strength. (*De Beaufort*.)

° *Nervous cough* during pregnancy,—threatening abortion; the cough was dry, hard and almost incessant. Auscultation or percussion gave no evidence of disease of the head or lungs. Opium, Belladonna, etc., were tried for two months, without benefit. Bromide of potassium, 30 grains a day, cured in two hours. (*Dr. Cerson*.)

° Spasmodic croup, as the chief remedy almost to the exclusion of other articles." (*Dr. G. T. Elliot. Hale*.)

CHEST.

Moderate dyspnœa. (*Pletzer.*)

Slight bronchial catarrh. (*ib.*)

Slight oppression when drawing breath. (*Noac.*)

Tightness of breathing. (*ib.*)

Violent congestion of blood to the respiratory organs, occasioning spitting of blood.

°Asthma of a nervous origin. (*Begbie.*)

°Breath hot and hurried. (*Caro.*)

°Burning in the chest. (*ib.*)

°Breathlessness with nervous headache, and want of sleep. (*Begbie.*)

°Spasmodic asthma of children. In one case, great dyspnœa, no sleep, urine suppressed, general œdema, grs 6 every two hours; remarkable improvement now set in; the dyspnœa subsided; the lividity of the face and œdema disappeared, secretion of urine returned; and sleep was obtained: cured in 7 days. In another case the result was similar. It did no good in old asthmatics. (*Hebr. Sondahl.*)

°It has a sedative effect upon the action of the heart. (*C. Browne.*)

“The respirations are affected in a secondary manner only.”

It appears to be influenced only mechanically, that is to say, its muscles are paralyzed, like the other muscles, more or less rapidly,—early in frogs, and at the moment of death in birds and rabbits. (*Demourette and Pelvet.*)

LOWER EXTREMITIES.

Debility of lower limbs: step tremulous and uncertain. (*Stille.*)

Loss of sensibility in lower limbs; pinching and burning causes no pain. (*Pache.*)

Extremities cold, and the pulse slow and very weak. (*Turn bull.*)

°Legs and feet cold and blue, and on being touched, would leave the white impress of the fingers for more than twenty-five seconds,—in cholera intantum. (*Caro.*)

SLEEP.

Extreme drowsiness. (*Hammond, et. al.*)

She slept all night and would often fall asleep in her chair, and in most uncomfortable positions. (*ib.*)

He falls suddenly asleep at intervals of a few minutes. (*ib.*)

Tendency to coma. (*Pletzer.*)

A kind of stupor resembling that of the first stages of typhoid fever. (*Bazire.*)

°Deep, profound and quick slumber, (from 20 to 30 grains.) (*Hammond.*)

°Obstinate insomnia, in case of mercurial poisoning. (*Roberteau.*)

°Sleeplessness during convalescence from acute diseases. (*Begbie.*)

°Night terrors of children, (see *Mind.*)

°Horrible dreams. (*do.*)

°Waking with severe headache, in a child. (*Hale.*)

°Grinding of the teeth during sleep, with moans and cries. (*Hale.*)

SKIN.

Eruptions of small boils, in successive crops chiefly over the face and trunk, and accompanied with troublesome itching. (*Bazire.*)

The secretion of the skin is reduced in proportion to the anæmia of that tissue. (*Belret.*)

A papular rash on the face, with heat and itching. (*McGregor*)

Erythematous swellings. (*Garrod.*)

Echthymatous eruptions. (*ib.*)

°Moist eruptions. (*ib.*)

°Syphilitic psoriasis. (*ib.*)

°Skin cold, blue, spotted, corrugated. (in cholera infantum.) (*Caro.*)

PULSE AND HEART.

Pulse falls from 80 to 60.

Pulse reduced in force and frequency, 50 per minute.

The minute blood vessels contract immediately in the region of injection, and later throughout the organism, and the contraction is *succeeded by dilution*. (*Pelvet.*)

The *heart* alone survives many hours (in animals); when it stops, its irritability can be again aroused for some instants, to disappear at last totally. But from the commencement of the physiological or toxic action, the *capillary* circulation is diminished, and the pulsations of the heart are retarded. (*Damourette and Pelvet.*)

°Pulse imperceptible with coldness and collapse. (*Caro.*)

°Pulse 100, weak. Pulse small and feeble. (*ib.*)

TEMPERATURE.

Skin cool.

The temperature of the body was reduced one or two degrees centigrade. (*Pletzer.*)

The temperature is sensibly lessened in warm blooded animals first, and during many hours in the region injected, and afterwards throughout the organism. The phenomena depends upon the diminution of the capillary circulation, at first local, afterwards general.

°Body cold; skin corrugated and mottled. (*Caro.*)

°Shivering with cold,—and cold skin; although the child was covered with mustard plasters. (*Caro.*)

Miscellanea.

TO CARL MULLER.

It is not my habit, nor present intention, to enter into any controversy, but some remarks in the March number of the *Observer*, convey an erroneous impression of observations I intended should be important. It seemed good to you to refer to *half* a case reported in the Journal of Materia Medica, and to quote part of the note thereto appended. The case referred to only illustrated the course of hundreds; the Macula spontaneously disappears rapidly for a few weeks after the ulcer pustule has healed; the spot then disappears more or less slowly, often lasting months, sometimes permanently remaining. You will remember that where you cut off the case referred to, it was much improved; and sacch. lact. was given; now resume the case: "February 8th remains the same; no change." Here nearly a month had elapsed and there was no improvement. I concluded, rightly I think, that the first improvement had been spontaneous, whereas if sacch. alb. had conduced to the result, the improvement would have continued; so after finding no continued improvement I gave Calcarea, and in two weeks noticed good results, and a cure in two weeks more. As I stated in the note many of these cases recover spontaneously, and it is only by watching the course of large numbers, that any definite conclusions may be reached.

You remember that in the 3d volume of the Hahnemannian Monthly Dr. Lippe published a proving of sacch alb., and among the effects on the eye are noted "dimness of the cornea," "obscuration of sight," etc.; and in different places in our journals, sacch. alb. has been maintained as a remedy for spots on the cornea.

In some sections of the country it is the popular remedy for

spots on the eyes of horses, and most remarkable results have been related to me of its action when applied locally in powder. All these considerations induced me to test the question, whether *the internal administration of potentized white sugar will cure spots on the cornea*. And the large clinic at our Ophthalmic Hospital has afforded me an opportunity for trying this, for about two years. (I intended also to try the local application of the powder.) I have given it internally to my *entire satisfaction* and had flattered myself that that observation has been of value, at least to check the administration of white sugar internally for Macula Corneæ, when no special indication exists, (if any could exist.) I had really deemed it important that our school should know the fact, that such an administration of white sugar had in a large number of cases *proved of no use whatever*. I fail to see that my case with its note, was "stuff" or "foolishness," and hope you will publish this in the next number of the *Observer* in justice to myself.

Theoretically *white sugar* may be as valuable a drug as *salt* or *charcoal*, and we need earnest work and not sneering nor profane rhyming in our medical journals to establish the truth.

TIMOTHY F. ALLEN.

[DEAR DOCTOR,—I guess I know how a man feels when he's scalped—that's my feeling exactly! As I don't want to scull it under a bare poll, won't you let me try and redeem the *pelt*?

First, then, I did not castrate "case 358" maliciously, but in all ignorance. I did not see any difference between the "Much improved" of January 11, and the "Remains the same" of February 8, save that the one was noted *after* a dose of *Sacch. alb.*, and the other *after* a prescription of *Sacch. lact.* The "Improved" of Feb. 22 follows the *Calc. carb.* of Feb. 8 not more logically (?) than the "Much improved" of Jan. 11 does the *Sacch. alb.* of Dec. 15.

But this is no excuse, for why was not the first paragraph of your "note" clear to me? My coarse taste did not perceive the delicate irony which flavors it until I had read your communication, and I will tell you why. You see, my opinion of the "proving (?) of *Sacch. alb.*" is better expressed than I can do it in the 26th volume of the *British Journal*, p. 140, "*Homœopathy run to Weed.*" I also thought that "proving" a dead cock in the pit, and imagined that the *corpus* had so loud a smell no one now-a-days would touch it. I did you the injustice of fancying that you credited this "proving," and I was led into this fancy by an assertion made in your truly valuable paper, the "Pathology of the Nasal Passages." You cite a case wherein you say you gave "the 1,000th, prepared by Dr. Fincke, of Brooklyn, which

potency of Gelseminum I will swear to." The italics are mine; and, you must pardon me, the assertion appeared, to me, to indicate such a degree of credulity as would lead to a reliance upon potentized *Sacch. alb.* Understand me, I will not affirm that Fincke's *cm.* is inert, nor would I "swear" that the one thousandth drachm of Alcohol poured upon one drop of Gelseminum tincture is the 1,000th potency. In other words, I thought that a physician who would "swear to" a potency when the method of making it was a secret, was gullible enough to give loaf sugar for a macula corneæ.

In so far as the light jest called forth by so trifling a topic has done you wrong, I ask your pardon; and in so far as my misconception has done you injustice, I most sincerely and earnestly crave your more than pardon.

There is another matter to which I must revert. You say "we need earnest work and not sneering nor profane rhyming in our medical journals." While Carl Müller is of the earth very earthy, and not one of the "unco gude," not too good to "swear," he still did not intend to perpetrate any *profanity* in using the phrase "Out, damned spot!" It was a play upon the word *macula* by taking the language of Lady Macbeth in regard to the "spot" her fevered imagination saw upon her hands during her delirium (Act v. Scene 1st.); and I trust those who have not forgotten English in reading German *Materia Medica* will pardon so needless an explanation. But while I freely acknowledge, under correction, that Dr. Allen's case and note are not "stuff," and that the "foolishness" is unluckily my own, I submit that there is a crying need for more sneering and jeering, in regard to very much of our literature, than Carl Müller is capable of furnishing, and if liberal doses of that kind had been freely given years ago there would be more wheat and less chaff in our homœopathic garner. Our serials, our societies, and our institutes have been mutual admiration clubs of the littlest kind, bating a few bricks thrown by posological partisans. How long since is it that an outspoken, fearless, adverse criticism could not find a voice because of the publisher's gag! And look at the effect upon our English homœopathic literature—it does not yet possess a correct translation of *the Materia Medica*.

Carl Müller is well aware that popularity is easier won by tickling with the feathered end than by pricking with the point of the editorial quill; but popularity is sorry ballast for those whose life-work must be a freighting for eternity. And if Carl Müller has donned the cap and bells, and vents his gibes and jeers, it is, with the fools hardihood, to reprove folly whether it stalks among the patricians or the plebians of the profession.

When roasted sparrows fly into the mouth of hungry men there will be no more need of Carl-Müller-work—the f—— will all be dead. Until then he may not wear a long face but he will stand in earnest endeavor second to not even yourself.

SAMUEL A. JONES.]

PULSATILLA IN MAL-PRESENTATIONS.

Is it possible that a man, with the right to affix "M. D." to his name, can really believe the absurdity that a single dose of Puls.²⁰⁰ can change a preternatural to a natural presentation? As well expect the same dose to reduce a dislocation—or the one hundred thousandth attenuation of white sugar to remove a spot from the cornea. Why is such folly admitted to the pages of our journals to the disgrace of our system? How much nonsense is heaped upon the brightest gem of the 19th century, fair homœopathy, dimming her brilliance and marring her symmetry!

The person who sapiently occupies pages 126 and 127, current volume of "*American Observer*," narrating how the above magic dose of Puls. "within about five minutes," took from the open os the presenting knee or elbow—he didn't know which—and placed there the "head, presenting in a natural form," need not have "feared some trouble in that direction" when he discovered afterwards that the pelvis was of a small size, for could he not as easily, with the same potent agent, have added a paltry half inch or so to the diameters of the pelvis, or have contracted the dimensions of the "noble boy?"

"Every thing worked off all right until the head was fully engaged"—while the Dr. "watched every pain and muscle with a jealous eye"—with the wondrous Puls. close by. There it (the head, not the Puls.) stopped in spite of powerful pains—when, Eureka! the insertion of another teaspoonful of the motive power solved the problem of the impacted head by causing its birth "in fifteen minutes"—not by increasing the power of the pains (*they* were all right) but by bodily pushing or pulling the child out (I suppose). He then gave the patient "a few doses of Arnica"—(why or for the accomplishment of what impossibility he neglects to enlighten us) "and in proper time departed."

His "first effort was to calm her mind and win her confidence." Whether this was accomplished by the all-powerful Puls. or not, we can only surmise.

I appeal to the common sense of the writer himself in asking this question—is it not ridiculously foolish to expect from an infinitesimal dose of medicine a mechanical effect—the lifting of a weight—as the removal of a presenting knee and the substitution of the head? Is it not very like the "Presto change!" of the prestidigitator?

J. W. ROUTH, M. D.

To prevent pitting in Small-pox.—By covering the face with cerate, and sprinkling this with starch, so as to form a paste, M. Bourdon thinks he has succeeded in preventing the pitting of small-pox.

Relative health of the higher strata of air.—In the period between last February and June, 1,192 persons died in Palermo, Italy; 605 on the ground floors, 365 on the first floor, 119 on the second floor, and 104 on the third floor of the houses.—*Cor. Med. and Surg. Reporter.*

Extirpation of the Uterus.—M. Pean, of Paris, recently removed the entire uterus, to which an enormous multilocular cyst was firmly adherent. The woman recovered.

High dilutionists in London, England.—Prof. Neidhard says,* “of the 112 homœopathic physicians in London there are, I was told, about 12 so called high-dilutionists.

* * * From what I could gather, the exclusive high dilutionists are not many in London. The most exclusive are Drs. Quin, Wilson, Neville, Wood, Leadam and Drury.

The Home and Health.—“Let whoever buys a farm whereon to live, resolve to buy one for all, and let him not forget that health is not only wealth but happiness—that an eligible location and beautiful prospect are elements of enjoyment not only for ourselves but our friends, and he can hardly fail to buy judiciously, and thus escape that worst specie of homesickness—sickness of home.”

Protoplasm—Bathybius.—“Professor Huxley has stated that the stickiness of deep-sea mud is due to “innumerable lumps of a transparent gelatinous substance,” within which are minute granules, which bear the same relation to the gelatinous matter that the spicules of a sponge do to their matrix. All this Professor Huxley calls protoplasm, and represents this as the simplest form of life, to which he gives the name of *Bathybius*. But Dr. Wallich, who has long been engaged on kindred studies, says in the *Microscopical Journal* that this “living protoplasm” of Huxley is a dead slime, formed from the *debris* of dead organism, and that the granules of Huxley are independent structures, in which nutrition is a vital act, showing the same vital power of converting foreign matter into flesh and shell material as is possessed by higher organisms, and which cannot be explained by physics and chemistry.”

American Institute of Homœopathy.—Do not fail to attend the meeting at Chicago, on the first Tuesday of June (June 7th). The homœopathic physicians of Chicago are making extensive preparations for the gathering, and we trust that it will be the largest and most profitable session ever held.

ERRATA.—Page 198, for T. F. Allen, read T. F. Smith.

*Hahnemannian Monthly.

The Laugh Cure.

*Medical Anecdotes, Facetiæ, etc.**

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

Sawdust Pills.—Sawdust pills would effectually cure many of the diseases with which mankind is afflicted, if every individual would make his own sawdust.—*Centralblatt.*

H. W. Beecher says that ascetics, cynics, eremites, mere sobriety mongers, are all bastards. Away with those fellows who go owling through life, all the while passing for birds of paradise! He that cannot laugh and be gay should look well to himself. He should fast and pray until his face breaks forth into light!

A Good Digestion.—The Duke of Cumberland, (the feeble minded and dissipated uncle of Geo. IV.) being once in company with Foote, was so delighted with the wit of the player, that he said,—“Mr. Foote, I swallow all the good things you say,” “Ah! do you?” replied Foote, “Then your royal highness has an excellent digestion, for you never bring any of them up again.”

Died cured.—“How is this, Herr Doctor, that I read of Mr. Huber’s death in the papers! did you not say that you could certainly cure him?” *Physician.*—“You did not, then, visit Mr. Huber the last day of his life. If you had you would have been convinced that he died cured!”

Dental Surgery.—The late Admiral Stewart said: “I never lost but one tooth in my life; it ached, and I pulled it out with a bullet mold, aboard ship, in a gale of wind.”

Die House.—An allopathic hospital.

Epitaphs.—*On Dr. Fuller:*

“Here lies Fuller’s earth.”

On Dr. Chard—Dr. Chard’s medical practice seems to have been large, if not particularly successful:

“Here lies Dr. Chard

Who filled the half of this churchyard.”

Grave-stones in order after drugs.—A Yankee peddler in his cart, overtaking another of his class, was addressed, “Hallo! what do you carry?” “Drugs and medicines,” was the reply “Go ahead,” was the rejoinder; “I carry grave-stones.”

Learned.—An M. D. (?) asked for one ounce of Hydrastis and one ounce of Canadensis.

* We propose to print about one page a month of amusing medical anecdotes, &c. (Contributions of pure puns, witticisms, etc., solicited.)

Colleges, Societies, etc.

Homœopathic Medical College of Missouri.—Prof. Franklin has very kindly sent us an account of the commencement, *after* April number was in type.

GRADUATES :

G. W. Higbee, of Indiana.
T. H. Vestry, of Wisconsin.
J. Venable, of Kentucky.
A. Putsch, of Minnesota.
N. Cash, of St. Louis.
J. B. Thorne, of St. Louis.

W. B. May, of St. Louis.
J. L. Higbee, of Indiana.
C. Sibley, of Illinois.
P. Ewald, of St. Louis.
C. H. Haskens, of St. Louis.

Homœopathic Medical Society of the State of Pa., change of the time of meeting.—The President and Board of Censors of the Homœopathic Medical Society of the State of Pennsylvania, have directed that the Annual Meeting be held in the City of Erie, June 3d and 4th, 1870; the Friday and Saturday immediately preceding the meeting of the American Institute of Homœopathy, (which will be held in Chicago, Tuesday, June 7th, 1870.)

Members and others may thus attend the meetings of both Societies in a single trip.

The regular business of annual meetings will be transacted.

Members are earnestly requested to attend the meeting, and to use their influence with neighboring physicians in order to secure a large attendance, and an increased membership.

BUSHROD W. JAMES, M. D., *Recording Secretary.*

Michigan Homœopathic Institute.—At the request of eighteen members (the by-laws require eight) the Secretary, J. D. Craig, M. D., has called a special meeting to be held at the residence of *Dr. C. J. Hempel, corner of Bridge and Kent Streets, Grand Rapids, on Wednesday, May 4th, 1870, at 10 o'clock A. M.*

A preliminary meeting to be held at Dr. Hempel's on the previous evening.

Objects of the meeting.—1. To change the place of next annual meeting from Flint to some place in the State more central and convenient for those who desire to attend the *American Institute of Homœopathy*, which meets at Chicago, Tuesday, June 7th. Let our Michigan meeting be immediately before or after the American Institute meeting and at some place in Michigan not too far distant from Chicago.

2. Measures will be discussed and suggestions made looking to harmonious action of all the homœopathic physicians of Michigan on the University question.

American Institute of Homœopathy.—The twenty-third annual meeting is to be held at Chicago on the seventh of June.

Homœopathic Medical Society of Ohio will hold its sixth annual meeting at Dayton Ohio on the tenth of May, 1870.

The American Institute of Homœopathy.—The twenty-third session of this national body will be held in Chicago, commencing June 7th, 1870, and continuing four days. The preliminary meeting will be held on the evening of June 6th.

It is confidently expected that the approaching session of the Institute will be more largely attended, and more fruitful of benefit to the profession than any which has preceded it.

Blank applications for membership, and any desired information concerning the meeting, can be had by addressing the General Secretary, R. Ludlam, M. D., 297 Wabash Avenue, Chicago, Ill.

PERSONAL.

Peters.—John C. Peters, M. D., (the only homœopathic physician of note that has seceded to the allopathic ranks,) has relinquished his editorial position on the "*Medical Gazette*" of New York City.

Drake.—We have an article on *typhoid fever*, by Dr. E. H. Drake, of Detroit, in type for June number.

Wilkinson.—Prof. Neidhard in *Hahnemannian Monthly* says: "One day I went to see Dr. James Garth Wilkinson, who lived in a large house in Wimpole Street, with a very fine reception-room for patients. He received me very kindly. He has a very open, pleasant countenance; and offered to do anything for me in his power, during my sojourn in England. He has a large practice, and therefore not time to attend the Homœopathic Hospital. In practice he is a liberal, using high dilutions as well as low. As an instance of his opinions, he showed me a bottle of the Sulphite of Soda on his desk, which he said he used frequently in appropriate cases. He said he would not like to be a physician without it."

REMOVALS.

Ayer.—Dr. R. J. Ayer, from Auburn, Maine, to Mechanics Falls, Maine.

Ruden.—Dr. C. Ruden, from Kankakee City, to Frankfort, Ills.

Gardiner.—Dr. Richard Gardiner, from Philadelphia to Baltimore.

Tindall.—Van R. Tindall, M. D., from Phila. to Woodstown, N. J.

Schley.—P. T. Schley, M. D., from Charleston, S. C., to Augusta, Ga.

Boardman.—Dr. W. H. Boardman, from Beaver, Pa., to Pittsburgh, Pa.

Morgan.—Dr. A. L. Morgan, from Windsor, Vt., to Hartland, Vt.

Vance.—Dr. J. W. Vance, from Huntsville, Ala., to Lawrenceburg, Ia.

NECROLOGICAL.

Caspari.—The "*Hahnemannian Monthly*," of April, says: "We are called upon to chronicle the painful intelligence of the death of Dr. Caspari, of Louisville, Ky., one of the pioneers of homœopathy in the West. Dr. Caspari was a native of Germany, and twenty-six years ago was an assistant to Dr. Hering. Subsequently he removed to Louisville, and was very successful in establishing a large and lucrative practice, and in bringing homœopathy into general favor. He retired from professional pursuits some six months ago, leaving his practice to his successor, Dr. Wm. L. Breyfogle, and, residing at his country seat, turned his attention to the cultivation of the grape. He died February 4th, of typhoid fever, aged about sixty-two years."

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK, EDITOR.

FOLLICULAR ANGINA.

Clergyman's sore throat.—Chronic catarrhal inflammation of the fauces.

BY DR. JO. HIRSCH, IN PRAGUE. (A. H. Z.)

Anatomical symptoms.—The mucous membrane appears puffy, reminding one more or less of hypertrophy, and it is injected and reddened, or pale, when the disease has lasted a great while. Its surface is either smooth, or in consequence of the hypertrophied papillæ and swollen sebaceous glands remarkably uneven, warty, frequently covered with a copious mucous secretion of a glossy, transparent or tough nature, so that when we examine the fauces at the moment of expiration, we see the expelled air forming consistent bubbles; or it is yellow, glutinous, not pellucid, accumulating in spots, especially between the enlarged follicles and the swollen glands. Loosened epithelial scales are generally mixed with the mucous secretion, and they are found in some places lying closely one above another, or side by side, sticking together and forming islets or plagues. The uvula is frequently elongated and enlarged, so that its tip touches sometimes the upper surface of the root of the tongue, or sometimes so relaxed, that it is found obliquely attached to one or the other tonsil by its tough mucous coating. Examining once a patient suffering from this chronic inflammation of the fauces, I observed a unique *usus nature* on such an elongated and intensely red uvula, which divided downwards towards its free end, showed two crooked diverging points. In this case the musculus azygos which appears normally not divided, but consists in reality of two equal halves, tapering closer and closer from its origin at

the spina palatina down to the tip, remained divided giving the peculiar appearance of two uvulas to the contracting and separated parts, each diverging outwards towards a tonsil. When this irritation continues for a length of time, we observe sometimes on the velum palati, especially in the triangular space between both arches of the arch, round yellow kernel-like eminences, sometimes as large as a pea split in half, which are degenerated glands of the mucous membrane, containing a cheesy fetid mass or a somewhat firmer chalky concretion. The affected tonsils become hypertrophied and indurated, especially in lymphatic and scrofulous subjects, and their surface appears either smooth and shining, or rough and uneven.

Symptoms.—Angina follicularis is either a primary disease, or secondary as a reflex from an abdominal affection or gastric catarrh. Slimy taste, especially prominent in the morning or at night when waking up, with aversion to food, till the mouth is well cleansed and some food taken, is a symptom peculiar to primary chronic stomatitis as distinguished from secondary stomatitis, where the appetite remains lost, though we may cleanse the buccal cavity over and over. Normal sensation of hunger is found neither in primary nor secondary stomatitis, but of the first we may say "*l'appetit vient en mangeant*," because after the first mouthful is taken food will be relished, the contrary of which happens in secondary stomatitis, where we cannot overcome, even when trying to eat, this entire aversion to food. A foul breath we find in primary and secondary stomatitis, perceivable even to the patient himself. By reflex action on the salivary glands we find salivation in primary as well as in secondary stomatitis.

The chronic catarrh of the fauces attacks every age, but it is remarkable, that each age shows its own characteristic symptoms. Thus we find in youth and nearly exclusively in lymphatic and scrofulous children the tonsils attacked by this chronic catarrh with its tedious sequels. During manhood it is especially the uvula, which suffers from tedious irritative states with its obstinate sequelæ. The posterior wall of the fauces is the point of attack in more advanced years and during senility. Each of these representatives reflects its own pathological state by peculiar subjective symptoms, from which the experienced physician is able to foretell the picture, which ocular demonstration will unveil before him. The youthful age with its tonsillar affec-

tions complains of difficulty of swallowing, stitches and pressing pains on the sides of the fauces, or stitches running from time to time through the internal ears from inside outwardly, or they suffer from otorrhœa and difficulty of hearing and are constantly troubled with hawking of phlegm.

The uvula, chronically affected in consequence of certain locally acting deleterious influences, produces in men a constant desire to remove by swallowing the foreign body, irritating the fauces and frequently changing the voice of the patient and as the uvula becomes in the course of time greatly elongated, they complain of a continual irritation in the throat with a tormenting teasing cough, which obstinately hangs on, till the pathological state of the fauces is removed. In advanced age and senility we find the posterior wall of the fauces in chronic irritation, the blood vessels commonly prominent, mucous membranes in consequence of the stunted glands in a more or less atrophic state and dry, and only exceptionally covered by a thin layer of mucus. Frequent inclination to cough and a burning sensation in the throat are the constant accompaniments of such a state with a steady desire to moisten these parts. Sometimes, when this follicular catarrh attacks persons, not yet too far advanced in years, we find instead a hypertrophy of the follicles.

Causal agencies.—Inspiration of air, contaminated by dust and smoke; abuse of alcoholic beverages; immoderate smoking, or chewing; the occupation of teachers, ministers, actors or professional singers. We find one of the most frequent causes of its obstinacy the preceding allopathic abortive treatment with its manifold gargling and pencilling during that time, when the catarrh was still in its primary acute state. The poor uvula loses by such maltreatment its slender figure and becomes corpulent and elongated; the cauterizations of inflamed tonsils frequently close up the secretory canals, and the chronic enlargement of the tonsils must be the consequence. We all know also that a scrofulous, arthritic, syphilitic or any other dyscrasia may remain latent in persons, till such an acute catarrh sets in, to which such a dyscrasia imprints its own character and renders it chronic.

Prognosis.—The cure of a chronic catarrh of the fauces offers great difficulties, as we cannot quickly remove such an inherent dyscrasia, or because persons, affected with these troubles are unable to give the much needed rest and attention to

their diseased organs; bad habits and carelessness are also often so deeply rooted as to defy our best counsels, and last, but not least, the cicatrizations and unevenness of the mucous membrane, produced by constant mechanical irritations, may have produced a condition which will remain while life lasts, the silent monitor of scientific maltreatment, and thus in many cases the prognosis will be more than doubtful. We must also take into consideration the age of the patient and the duration of the disease.

Therapy.—Every patient, suffering from chronic nasal catarrh usually lays particular stress on one or another subjective symptom, belonging either to the anomalies of secretion or sensation. This in conjunction with the pathological alterations found by ocular examination gives us the cue to the corresponding specific remedy. The secretion of the morbidly affected mucous membranes may be affected qualitatively or quantitatively and remedies from the group of alkaline and earthy salts will be found beneficial. *Natrum and Kali, Calcareo, Magnesia, and Baryta* give mostly the basis, forming salts in combination with the different acids, whose specific influence on the mucous membranes of the fauces in their abnormal state has been proved beyond all doubt; the old as well as the new allopathic school apply them frequently with benefit, although unconscious of the great principle which underlies their action. At present, where the atomizing application of remedies is so fashionable, eminent physicians ascribe decided curative action to mineral waters, rich in *Natrum-carb.* (Ems*) when applied in such a manner (*Vogler.*) Waldenberg and Köhler have also seen satisfactory results in these diseases from a weak solution of chloride of sodium, applied through the atomizer. At any rate, we of the progressive homœopathic school ought to feel pleased that atoms begin to be considered of importance by all classes of physicians. When in the atomization of liquids one drop of a very weak medicinal solution is divided with thousands of invisible and imponderable atoms, in order to act a remedial part, then it needs only one small step to become a convert to the beneficial action of dilutions, and in fact I use in cases where the carbonate of soda is indica

* EMS. Chloride of Sodium, 7.797, Carbonate of Soda, 9.712, Carbonate of lime, 1.140, traces of Carbonate of Lithia, Magnesia, Strontia, Baryta and protoxyd of iron, sulphate of potassa 0.592, and of Soda, 0.121, Silicic acid, 0.414, and slight traces of fluoride of Calcium and phosphate of Alumina.

ted, either a small wine-glass full of the mineral waters of Ems three times a day or some middle sized globules, moistened with the sixth dilution of Natrum-carb. and find the same good effect from either application.

The cases peculiarly adapted to the application of Natrum-carb. are those where, with a moderate hyperæmia of the mucous membrane and the consequent anomalies of secretion we find an exquisite tendency to rheumatic affections in the motor apparatus of the fauces with a continual sensation of rawness and scratching in the fauces, a diminished secretion of the mucous membrane, and a vain effort to hawk up phlegm, especially when it accumulates, as is mostly the case during the night and can only be expectorated with great effort in the morning. The pains during deglutition or yawning testify to a rheumatic affection of the muscular fibers, which is sensibly felt in spite of the insignificant symptoms of irritation in the mucous membrane.

Natrum muriaticum gives us also catarrhal and rheumatic manifestations in chronic catarrh of the fauces; but as in many other rheumatic affections the rheumatic diathesis does not show itself by great pains, but rather by a transient inability of the muscles to perform their normal function, or at the utmost by a sensation of tension during prolonged activity, so we find in these cases the motility of the muscles of deglutition encroached upon, the natural activity of the azygos appears checked, the uvula elongated, giving continually the sensation of a plug in the throat, and all the other muscles which are at work during deglutition, show a diminished action, and food may therefore become impacted in the throat or pass the wrong way into the trachea. Increased mucous secretion is also a symptom of the kitchen salt. The physiological proving of Kali-carb gives us a similar symptomatology in reference to follicular catarrh and it needs therefore the differential symptoms of each remedy to give us the characteristic indications. Abdominal plethora, so frequently at the middle age, will often be found associated with chronic catarrh of the fauces, and in both states alkaline and earthy salts are valuable remedies.

Children, even when suffering only from the lighter degrees of scrofulosis, are often subject to these chronic catarrhs. "Mother, I have a sore throat," is the constant complaint of such children, and mothers continually request their physicians to do something in order to eradicate the bad habit of such chil-

dren, whose throats seems forever to be full of phlegm and which they continually try to remove by hawking, especially during the morning hours. To this solitary subjective symptom very few objective ones can be added, perhaps here and there some slight redness, a somewhat puffy or shining mucous membrane with some increased secretion, and at a later stage the sub-maxillary glands may be found swollen and one or the other tonsil or both enlarged. I prefer in such cases the alternate methodical use of Calc-carb. and Natr-mur. giving one week one remedy, pause for the same length of time, to give the salt on the third week, etc.

Baryt-carb, *Hepar-sulph.* and *Sulphur* find also their indication, not only by the local disease, but far more in the general state of health. Either one may be indicated in simultaneous helminthiasis, whereas a peculiar nervous erethism might be quieted by Calcarea or Hepar, according as all the other symptoms correspond to the case.

So far Hirsch—Kafka (Hom. Therapy I. 419,) advises us to rely in chronic catarrh of the fauces with *dryness of the throat and a constant desire to swallow saliva*, in order to moisten the parts effected, on *Sulphur*² two doses daily, and in long standing cases on *Sulphur*³⁰, one dose for six days and then a pause for three days. If *hoarseness* is added to the dryness, *Phosphorus* or *Magnesia-mur.* may be preferable. Complication with catarrh of the eustachian tube finds its certain remedy in *Petroleum*³⁻⁶, 2 doses daily; *Alum*⁶ internally and as gargle may be administered, when there are large quantities of tough phlegm in the throat and the patient complains of a sensation, as if a foreign body were there, which needs removing, and *Alumina* has also soreness, rawness, hoarseness, dryness, or a secretion of a thick, tough phlegm, worse in the afternoon and evening, and better from eating and drinking warm things. The *Nitrate of Silver*, so frequently abused by the old school gives us also a collection of thick tough phlegm, causing gagging, wartlike excrescences; feeling of a pointed body in the throat when swallowing, belching or moving the neck, or *Kali-bichromicum* for a ropy, stringy fetid discharge from the posterior nares and fauces, especially when originating in old syphilis. (Raue.)

For follicular catarrh Kafka recommends *Plumbum aceticum*, *Iodine*, *Alum*, *Argent-nitr.* especially when the mucus is tough and firm, but if instead of follicular, we have vesicular catarrh,

Clematis ought to be preferred. Hypertrophy of the tonsils indicates *Baryt-carb* ° or *Sepia* ° methodically applied, or if based on a scrofulous dyscrasia, *Calc-iod* ° or *Silicea* °.

Chronic catarrh of the fauces, complicated with scrofulosis, needs, when the throat feels dry, *Calc-carb*, *Sulph.* or *Phos.*, or when there are large mucus accumulations, *Kali-carb.*, *Natr-mur.* or *Puls.* Persons obliged to use their voice constantly and assiduously, may strengthen their voice by the methodical use of *Arnica* or *Arg-nitr.* (we have found the *Ammonium-mur.* to answer this purpose. S. L.), and ought to take a vacation during the summer months and pass their time in the country, where they can get good milk, whey and alkaline mineral waters. Persons using tobacco or alcoholic drinks to excess, are hardly ever cured of their catarrhs, till they have the moral courage to resign entirely their weed and their stimulants. It is self-evident, that salt and spicy food aggravate the irritation and ought to be strictly interdicted.

Hughes (Therapeutics, 226,) takes issue with Dr. Clifton, who recommends *Baryt-carb.* for the hypertrophied tonsils and recommends Phosphate of lime and Iodide of mercury, and Cook recommends the latter especially for the "clergymen's sore throat," which is only another name for the follicular angina; still we would prefer the baryta and the phosphate of lime, where the disease has been engrafted on a scrofulous or tubercular dyscrasia, whereas we would think more of the Iodide of mercury where the chronic catarrh is complicated with hereditary or acquired syphilis.

S. L.

TYMPANITIS.

Dr. Jablonsky relates in "L' Art Médical Décembre, 1869," a severe case of tympanitis, and complains that most works on pathology hardly mention this disease, although in some cases extremely dangerous. We abbreviate the history of the case.

Mrs. H. 28 years old, of good constitution, became pregnant about 8 years ago. From the commencement of her pregnancy she perceived an excessive swelling of her abdomen. Accouchement natural, but removal of placenta produced severe hysterical paroxysms (she never before showed any nervous symptoms). After getting up, the tympanitis remained, but aggravated by

mental emotions, atmospheric influences etc. Every three or four months a sudden aggravation came upon her with obstinate constipation, meteorism and colicky pains, when after two or three days under the use of Carbo-veg., tincture of Nux-vom. or Bryonia the tympanitis suddenly disappeared, after passing immense quantities of inodorous gas, followed by fæces and great relief.

June 2d, 1869, a new attack. Energetic purgatives; colocynth chelidonium, lycopodium, chamomilla, bryonia, china, all in vain.

June 9th. Dr. Jousset called in consultation. Œsophagus-tube introduced into the rectum without result, injections with extract of Belladonna.

June 10th. Circumference of the abdomen in the region of the navel, 1 metre 60 centimetres (5 feet 3,) hard as wood, tympanitic sound, painless to pressure, but spontaneous pains of extreme intensity at intervals, with groaning and lamentations, during every pain amphoric gurgling could be heard. No nausea or vomiting; tongue dry, pulse small and frequent, respiration restrained and anxious; patient has not slept nor taken any food in a week; she is agitated and restless; eyes injected, lips bluish, epistaxis several times and some bloody discharge through the sexual organs. During the night the dyspnœa increases to orthopnœa and the abdominal pains intense and more frequent. Electricity, one pole at the abdomen, the other in the rectum. No relief.

June 11. Patient begs for an operation; she refuses to take ammonia; Dr. Guerin performs the puncture of the intestines with a small trocar in the left hypochondrium, a few centimetres from the umbilicus, but the gas flows only for about two minutes, still she feels great relief, and the pains are gone, and she sleeps that night. 12 drops of Nux-v. at night and, suppositories of 2 grammes (30 gr. about) Aloes.

June 12. Insignificant stool of mucosities, no emission of gas. Continue medicine, Belladonna ointment on abdomen, injections of Asafoetida 3 1 and tinct. Valerian, 30 drops repeated every two hours. She felt very tired during the night, towards morning agitation, anxiety, dyspnœa, hot flashes, pulse 120.

June 13. Morning. Abdominal pains increase again, and about 2 P. M., Dr. Guerin repeats the puncture, less gas escapes than the first time, still she feels relieved. She takes now Bella-

donna pills every two hours, Mercurial ointment on the abdomen. She feels better and sleeps the whole night.

June 14. A Belladonna pill every hour. Pulse 100, pupils dilated. Every six hours a Mercurial inunction; in the afternoon a liquid, brown, scanty stool and towards evening a second one; pulse 130, flashes, dryness of the throat, thirst, some nausea, no dilatation of the pupils; the stomach is somewhat sensitive; abdomen bloated.

June 15. Good night. Belladonna continued at longer intervals; several liquid stools, as the meteorism increases again, puncture around the navel is repeated. Mercurial inunctions continued, and internally 25 drops Bryonia θ in six ounces water.

June 16. Slept good. Has to take every hour a teaspoonful of *charbon de joubarbe de wedekind* (roasted house-leek.) At noon more abundant stools. In the afternoon the gas commences to pass upwards and downwards. By about 11 p. m. she had 12 stools and asks for a little meat. Sleeps good.

June 17. Considers herself improving, good appetite, abdominal supporter ordered.

June 24. Only one slight attack, relieved by charcoal and bryonia.

June 29. Mental emotion produced a slight attack, relieved in three days by 21 drops of bryonia.

July 6. Consultation with Drs. Nelaton and Tardieu. No organic affection found, the whole state declared to be a neuropathic affection, and that the abdominal distension may repeatedly set in, till the bowels had fully recovered their tonicity. Light ferruginous mineral water, strict diet, moderate exercise, warm sponging, followed by dry rubbing were advised.

July 11. After a warm bath diarrhœa set in, followed on the 14th by obstinate constipation, for the removal of which charcoal and bryonia were ordered, as the bloatedness appeared again to increase.

July 16. Belladonna pills, till symptoms of the throat and sight make their appearance, and then pills of Gum ammoniac and extract of China *aa*. Aggravation.

July 17. Tinct of *Taraxacum leontodon* 3 drops in a tablespoonful of water. After an hour she passed large quantities of inodorous wind up and downwards and since then she could control her flatulency by the same remedy.

EDITORIAL REMARKS.

And this from Paris! Is it homœopathic? (from which angels and ministers of grace defend us!) or allopathic treatment? and it is certainly more than news that pathological writers neglect this complaint.

The "Medical Press and Circular" mentions the frequent operation of puncture for tympanitis in veterinary surgery, and several cases are reported in French and British journals, where this simple adjuvant was used for, and with immediate relief, but homœopathy ought certainly to do better.

In many gynæcological works this hysterical flatulence is mentioned and taken care of. Hughes in his *Therapeutics* mentions *Carb.-veg.* where the stomach and small intestines are the seat of the distension, and *Lycopodium*, where the flatulence is situated in the colon, accompanied by constipation. Kafka (I. 683,) mentions also this tympanitis in consequence of morbid innervation, or of a paralytic state of the muscularis, and proposes in such cases Ignatia, Carbo-veg. China, Lycopod, Nux-v, and Opium. *Ol. terebinthinea*³ internally and injections of the same, 31 to the injection produces also a stronger contraction of the intestines and the expulsion of the flatulence.

Among the new remedies we find *Gelseminum* recommended for this flatulence, caused by want of tone in the muscularis intestinalis. Hysterical meteorismus belongs also to the popular *pennyroyal* (*Hedeoma pulegioides*), as we find among its symptoms "periodical bearing down pains in the lower abdomen, distention of the abdomen, borborygms, flatulence, obstinate constipation." But should diarrhœa or even dysentery prevail with the colicky pains, caused perhaps by the irritation of the mucous coat of the bowels, *Podophyllum* might be preferable. *Comocladia* gives us also distention of the abdomen from incarceration of inodorous flatulence.

Our means are thus not few and far between, but every case needs strict individualization for the selection of *the* remedy, to produce not only a cure, but also in the shortest time. S. L.

INHALATIONS IN PHTHISIS PULMONALIS.

BY DR. LOEBACHER OF BRESLAU, GERMANY.

For several years I apply in tuberculous affections of the respiratory organs inhalations either of common sea salt or of all the constituents contained as effluvia of the sea water in the

air, and in more than 150 cases thus attended, I have never witnessed any injury, but in most cases a decided benefit. The simple vapors of sea salt, developed from the common sea salt, dissolved in a porcelain vessel with about three or four times its volume of water and heated by a lamp, containing alcohol enough to keep up during the whole night the vaporization of the salt near the bed of the patient, have shown themselves extremely effective in the following cases: Dry cough, with hoarseness, feverish pains in the chest, cough indicating the presence of crude tubercles, inclination to hæmoptæ, finally the last stages of phthisis tuberculosa. It is generally not necessary that the patients should be in immediate contact with the vapors; it fully suffices if the vapors become disengaged in their neighborhood, but they must never be allowed to expose themselves to the fresh air immediately after inhaling. The effect of this vapor is solvent and tonic; it increases the expectoration by the warmth, which diminishes the tension of the irritated organs and obviates the dryness of the cough, and acts by its specific influence as a tonic to the respiratory organs. We see therefore in protracted cases at first an apparent aggravation by increased discharge of mucus, but the reactive power of nature gains thereby a sure foothold, and by and by the patient gratefully acknowledge their improvement.

Of more intensive effect than these vapors, are what I may be allowed to call, "*artificial sea-air*." Whereas in the vapors the muriate of soda with some other salts are the active principles, we use in the sea-air the heroes of the *Materia Medica* as Chlorine, Iodine, Bromine.

To produce the artificial sea-air, we must begin to manufacture artificial sea-water, according to the following formula, mix 4% sea-salt, $\frac{1}{2}\%$ Calcareæ muriaticæ, $\frac{1}{2}\%$ Carbonate of soda and 1% Magnesiæ sulph. with common water. By this combination after adding its volatile ingredients it acquires all the qualities of the natural sea-water, its greyish-green color, the same taste and the same peculiarity not to become putrid by long standing, or extreme heat, nor to freeze in cold weather. It is impossible to find the exact quantities of Bromine or Iodine contained in natural sea-water by any chemical analysis, as they are too volatile, my method is therefore, that I add to the sea-water, which I keep on hand, from time to time a quantity of sea-salt and a few pitchers full of water, and bottle it in air tight flasks, after adding to

each bottle six scruples Kali hydro-bromicum and 2 ounces Natrum carbonicum, of which I add for inhalations one or two tablespoonfuls of the common sea-water. To impregnate the air of the room with the artificial sea air an artificial porcelain or marble fountain is the best substitute, but no metallic pipes or tubes of any kind can be allowed, as decomposition would take place. Where marble is too dear, a basin of white beech may be substituted (being poor on extractive matter), and the temperature of the water must be kept up at 30° R. (100° F.) The furniture in the room does not deteriorate in the least from its exposure to the sea-air, only iron takes on rust, an observation also made on the shore of the ocean. So far I have only allowed my patients to breathe the artificial sea-air for an hour or two each day, but it might be perhaps still more advantageous to allow a longer sojourn, especially in rough weather. (Klinik.)

S. L.

Miscellanea.

SOME ABSURDITIES OF HOMŒOPATHIC PRACTITIONERS.

BY ALFRED HUGHES, M. D., BALTIMORE, MD.

I believe that Homœopathy suffers more from its friends, or rather from some of its practitioners, than from its bitterest outside foes.

The common people make up their judgment concerning that about which they know little or nothing, by what they see, hear and know from those who are its representatives; and more especially is that the case with intelligent people.

Homœopathy in and of itself is a beautiful truth—a scientific principle founded upon a law of nature and of course incontrovertible; but unfortunately for what would be its otherwise much more widely spread prosperity, and its greater field of usefulness, it has gathered up in its way, or rather it has been forced by some of its friends to stand God-father for many absurd and foolish things.

Even the renowned and learned discoverer of *Similia Similibus Curantur* (and whose name I can utter only with reverence and veneration) perhaps from his almost bitter hatred of any thing appertaining to Old Physic, and his desire to get as far away from it as possible, permitted absurdi-

ties and empiricisms to creep in upon, and overshadow this heaven-sent boon to the human race—homœopathy.

This, however, was only or chiefly in the latter part of his life. In the full vigor of his mind, in the onward flood tide of his intellect, all was as clear as a bell. And as I have already observed, it was only in the shadow of the evening of his life that the individualities—in the mildest term—of a glorious, laborious and well spent life, cropped out, and left their shadows upon his great Samaritan Truth; and what discoverer, I might ask, of any great natural law, or scientific principle, is without some such idiosyncracies.

But as I started out in the opening of this article with the declaration that homœopathy suffers more from some of its practitioners than from its outside foes, I will proceed to demonstrate in what manner, by the relation of incidents occurring in actual practice, and which have come under my own observation.

I will here, however, take occasion to declare that no part of this article is written for the purpose of wounding any one's feelings; nor of gratifying what might be supposed any personal pique towards any one in the profession; but simply from the hope that some good may be effected thereby; although the writer does not hesitate to declare that if this article meets the eye of any one who has been guilty of such absurdities, that it is certainly meant for his special benefit; and with the expressed and earnest hope that such absurdities will be forever abandoned.

A gentleman of education went to a homœopathic doctor to call him in to see his sick child, he had never, up to that time, used the practice in his family. He told the doctor as much, and at the same time declared to the doctor (and what has often before been uttered under similar circumstances) that he had not one particle of faith in the practice; but that some friend, in whose sound judgment and good sense he had the fullest confidence, advised him to do so, and on the strength of that and that only had he come for him to go and see his sick child. The gentleman had no reason to regret the course he had pursued, as his child soon got well, and in an easy and pleasant manner; and in most striking contrast to what he had always been accustomed to witness in the allopathic practice of physic. Indeed he was so well pleased with the success of the treatment, on that occasion, that he became quite an earnest promulgator and

advocate of its efficacy and success. This gentleman had a distinguished friend—an eminent divine—with whom he was conversing on one occasion in regard to what he knew of the advantages of the treatment, and urged this friend, who was himself something of an invalid, to have the practice called in to treat his case. But this friend was not at once disposed to do so; and desired a little more light on the subject than he himself was able to give him. In order to post himself and thereby answer and surmount the difficulties of his distinguished friend, he went to see the doctor whom he had called in to practice on his child.

There were two points of difficulty about which his friend felt the greatest trouble. One was: how is it possible for such small doses—apparently nothing but sugar or water, and tasteless, to have any effect on a full grown man, when we are taught by every thing around us that “crushing out” an effect from any cause is by the weight of matter, and not by infinitesimal atoms of matter? And the second was: if these little doses about which you speak, are good for anything, or are at all effective in curing disease, or will produce disease on the healthy body, why will they fail to poison or sicken those, who, by accident or design, take the entire contents of a vial, or that which has been divided into perhaps a dozen doses?

Now here were two very plain and simple questions, quite easy to answer, and most satisfactorily so too, to any reasonable or unreasonable mind. But the doctor, to whom this gentleman turned to be enlightened, failed to give him any satisfaction whatever.

As to the first question the only information he could obtain was: “In the old way of physie,” said the doctor, *you* would take a tablespoonful of salts; but you would give or drench your *horse* with a pint of salts. Now in the new mode of physie *I* would give you perhaps a tablespoonful of medicine, but *I* would give your *horse* only two or three drops ! (!!)

And as to the second question the doctor said, as well as the gentleman could remember, that when the students graduated at the homœopathic college they were required to make a pledge, or to take a sort of oath, that they would not divulge any of the secrets (!!) of practice; and he did not therefore feel at liberty to enter into any exposition of certain causes and

effects; and in a shrouded and mysterious manner, evaded any further conversation on the subject. The gentleman left the doctor's office in disgust and was prepared to think very hard things against the practitioners of medicine; but at the same time felt confident that such a course of enlightenment could not be peculiar to homœopathy, though it might be to *that* representative of it.

It is not easy to reckon the amount of injury done to homœopathic practitioners of physic by such exponents of its principles.

It is also in diagnostics that homœopathy sometimes greatly suffers in the hands of some of its practitioners.

I have known of such ridiculous questions as the following, which I am about to relate; and have been asked by those to whom I have been called to practice, if such a mode of questioning was peculiar to homœopathy. I have replied, not in the least; and have further remarked that I could scarcely even conceive it possible that such interrogatories could have been put; and if so, that it must have been by some illiterate so called homœopathic doctor. On the contrary, I have been assured it was done by an unquestionably educated physician. Then if so, the only satisfactory answer to be given, was, that any such one was simply an educated fool—of whom all professions have more or less. For instance: "On which side of your mouth is mastication most frequently carried on?" "Is there any more dandruff on the right side of your head than on the left?" "In sneezing, is it done with the mouth open or shut?" "Is the toe nail on the great toe of the right foot any longer than the toe nail on the great toe of your left foot?" "When in the act of cutting your finger nails, in what direction do the pieces most frequently fly?" "When you button your gaiters; or when you put on your shoes, which do you most frequently attend to first?" "In picking your teeth, do you observe whether you first begin on the upper or lower teeth?" "In blowing your nose, do you blow the right or left nostril first?" On one occasion a lady, who was being put through such a catechistical process as just related, incidentally remarked that she was forever snagging or tramping on and tearing her dress.

The doctor quickly remarked that that was quite an important symptom; and at once noted it down. The white specks in the finger nails are carefully examined and counted, and a

note made of the same. The lines in the palms of the hands (so often gazed upon in mysterious silence by the Gypsy fortune-teller) are closely observed with a shrewd look and a significant shrug of the shoulders, and a low whispered expression of "*now* I have it," and a ponderous record, in solemn silence, is at once made as to this "key-note" symptom.

Now I would not be surprised if the reader should discredit the above statement; and inasmuch too, when informed that such a course of diagnostic examination is conducted by any one who is presumed to have at least a grain of common sense, or an atom of mother-wit. The statement as given above, the writer knows to be correct, from frequent and almost daily instances.

Now how can such things be wondered at when it is attempted to get drug provings from pure white sugar; and that at the two hundredth potency! What folly and nonsense may not be expected from such transcendental mystics in practice. And above all, too, when it is alleged by such provers that among the multitude and variety of pathogenetic effects produced by *Saccharum album* is—"a strong tendency to commit"—an unutterable sin!

Better have set *that* symptom down to be charged against the moral turpitude of the prover's own corrupt nature, rather than as being the effect of pure white sugar.

It might be conceived how sugar and fusel oil of whisky could effect such a prover's sensual nature, and develop in him a strong tendency (already innate) to commit such an unmentionable crime.

I knew of a case of intermittent fever which was treated by the two hundredth, and finally by the forty thousandth potency of such remedies as the doctor practicing on the case, considered homœopathic to the disease. The patient in the meantime growing continually worse until at last despairing of relief, he threatened to call in a allopathic doctor: whereupon the homœopathic physician gave the patient *twenty grains* of *quinine* in repeated doses, and arrested the disease. After having done so he gave *one* dose of the two hundredth potency of *China* and declared it was *that* which cured the disease.

On one occasion a patient had an orange in his hand, and would sometimes inhale the odor therefrom. The doctor entered the room and beheld this orange in the hand of his patient; and in a tragic manner stepped up to the bedside and seized the

offending orange, and exclaimed, "on the peril of your life do not inhale the odor of that orange;" and placed it on the mantle piece. Notwithstanding such doctors take snuff with their fingers, with which they mix or prepare their medicines, and smoke their pipes or cigars, and chew tobacco, and offend their patients with the tobacco fumes still upon their breath, these are the men that raise their hands in holy horror at a patient for inhaling the odor of a pure and innocent orange.

A lady ran a needle violently into her hand, which broke it off. She at once sent for a homœopathic doctor who, instead of removing the broken fragment, commenced to give her medicine in the form of globules, her hand rapidly inflamed and grew intensely painful but the doctor continued his internal medication all the more assiduously, leaving the broken needle still in the hand. After several days her hand became alarmingly inflamed and swollen. Her friends then insisted on sending for another physician. An allopathist was called in, who at once removed the broken fragments of the needle, and the hand soon got well. Homœopathy was again made to suffer for the stupidity or incompetency of one of its practitioners, and material given to its foes to inveigh against the system and all those who practice it.

Time may cure the practice of such evils and absurdities, as the people become more enlightened on the subject of homœopathy; and they will then use *only* a common sense and genuine homœopathic practice, which considers primarily the *laws* of cure, and *only* such things as have true relations to health and disease.

The Physician of the Olden Time.—Formerly the physician fought disease with drugs as firemen fight a conflagration and as it frequently happens with the latter that the damage of water proves to be greater than that by fire, so many of the patients of the old-fashioned doctors recovered of the disease but never of the medicine. Indeed, it was then urged in favor of the family physician as against others, that "he knew how much we could bear."

Small Pox is raging at Paris.—About one hundred deaths per week.

Materia Medica and Special Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

KALI BROMATUM.

(*Bromide of Potassium.*)

[Continued from page 248.]

PATHOLOGICAL ANATOMY.

In animals the *brain* shrinks from a decrease of the amount of blood in the vessels. (*Hammond.*)

The *stomach* is contracted, containing a small quantity of bloody mucus. The mucous membrane of the stomach is inflamed, having the appearance of a cloth soaked with blood, with superficial erosions in many places, and hypertrophy of the mucous follicles.

Inflammation of the mucous membrane of the *lesser intestines* decreasing as it approaches the larger intestines.

The *right ventricle* contains a moderate quantity of coagulated blood. (*Noac and Trinks.*)

Death from the administration at times of 16 grammes a day, (more than half an ounce)—*Journal de Medecine de Bourdeaux Mars*, 1868.

From 30 to 60 grains given to rabbits by the stomach or hypodermic injection caused death in from 10 to 40 minutes. A smaller, non-poisonous dose caused paralysis and cardiac irregularity. (*Eulenberg.*)

THE ACTION OF BROMIDE OF POTASSIUM.

On the circulation. “The hearts action is destroyed at a late stage, and its contractions are frequently the only evidence of the vitality of the animal. (*Pelvet.*)

The minute bloodvessels *contract* immediately in the region

of injection, and later throughout the organism, and this contraction is *succeeded by dilatation*. (*ib.*)

It lessens the amount of blood circulating within the cranium, and produces a shrinking of the brain from this cause. (*Hammond.*)

Flushed face, throbbing of the carotids and temporal, suffused eyes, and feeling of fullness of the head, all disappear as if by magic under its use, (30 to 50 grs.)

It appears from the above experiments, that the *primary* effect of the b. of p. is to cause *contraction* of the bloodvessels every where, not only in the brain but throughout the whole organism, and that this contraction is followed by dilatation.

It is assumed by the above eminent pathologists—and we see no reason for doubting them—that the power possessed by the b. of p. in causing “paralysis of the nerves of the spinal cord”—and to “lessen the *reflex* excitability of the nervous centres,”—also to “diminish the vascularity of the great nervous centres,” etc., is due to its power of *contracting* bloodvessels every where.

To this primary action is due its power to prevent certain kinds of spasms, pain, epilepsy, etc., and to cause sleep.

Its *secondary* effect of this drug, however, is equally important, namely: the *dilatation* following the contraction.

What is the result of this secondary action? According to Brown-Sequard, when the bloodvessels of the spinal cord and brain have been unduly *contracted* (primary) the muscular fibres of the bloodvessels are soon exhausted, and (secondary) become paralyzed, allowing a considerable degree of congestion to take place,—sensibility and the reflex faculty become morbidly increased and convulsions occur.

From these facts and deductions it appears that the b. of p. is homœopathic to all the morbid conditions and symptoms, in which it has been found useful by the authorities (allopathic) mentioned.

A careful study of its pathogenesis will prove the truth of this proposition.

Muscular system. “It is not a poison of any special tissues, or system—it kills all nerves and *muscles*, and it may therefore be defined as a general nervo-muscular poison. (*Martin Damourette and Pelvet.*)

It affects the sensory and motor nerves, and spinal cord, before the *muscles*. (*ib.*)

It appears that the primary weakness and final paralysis of the *muscular system* is due to the contraction of bloodvessels, and consequent weakness and paralysis of nerves.

The secondary cramps, twitchings, contractions, and spasm of the muscles, is due to the dilatation of bloodvessels, (see circulation) and the chain of results following the secondary effect of the drug.

The homœopathicity of the medicine to both conditions is just as apparent here as in the other instances.

Glandular system. "The secretions of the glands are diminished in proportion to the contraction of their blood-vessels." (*Pelvet.*)

If the primary effect of this drug is to cause contraction of the blood-vessels supplying the glands, the secondary effect must be dilatation with congestion.

"It is a general rule that congestion, however caused, diminishes the secretion of a gland. * * Excessive action in a gland diminishes secretion." (*Headland.*)

The ultimate primary and secondary action of b. of p. both tend to diminish secretion of glands ; but there must be a *medium* action of b. of p. which will *increase* secretion. (See "mouth.") This medium action is just enough dilation of vessels to cause *stimulation*, and to fall short of *over* stimulation.

On the nervous system. "It paralyzes the nerve of the spinal cord." (*Pletzer.*)

"It diminishes the reflex excitability of the nervous-centers." (*Brown-Sequard.*)

The sensory nerves lose their properties before the motor, the latter are affected before the spinal cord, and the spinal cord before the muscles. (*Pelvet.*)

To a condition of cerebral anæmia, most of the obvious phenomena should be ascribed. (*Hammond.*)

It has no special action on the encephalon, heart, muscles or nerves, but it mainly influences the *spinal cord*, and that, by suspending its reflex functions. (*Laborde.*)

It appears that it is not a *direct* poison to the nerves, but acts on them by and through the blood-vessels.

The *contraction* of the blood-vessels which it primarily causes, results in a depression of excitability, loss of sensibility, and finally a paralysis, of the whole nervous system ; or the *dilatation* of the blood-vessels which it secondary causes, results in an

excess of excitability and sensibility; the reflex faculty becomes morbidly increased, and congestion, hyperæsthesia, convulsions, etc., result.

It is therefore homœopathic to both the opposite conditions of the nervous system, and all the characteristic symptoms by which they are characterized.

It has a decided action on the vaso-motor nerves.

PROVINGS.

FRAGMENTARY PROVING. BY JNO. C. MERRILL, M. D.

Homœopathists have for twelve or fifteen years been more or less familiar with this salt, as a remedy in croup and diphtheria; while they have almost utterly failed to appreciate its effects upon the skin, the absorbents, the secretory, the nervous and the sexual systems.

It is hard to understand its present position in our *Materia Medica*, as the symptoms it develops in the fauces and larynx are by no means its most important ones; and, although having seen it used freely and often, I have never noticed any more serious affection of the throat than that accompanying a mild salivation.

The allopaths, by a singular contrariety of coincidence, have been using it four or five years, purely as a sedative, in almost all forms of nervous excitement, a quasi specific in epilepsy, delirium tremens, erotic mania, hysteria, etc.

It is very clear that both parties have used it altogether empirically, and that this state of things could not have obtained with us, at least, if we had an extended proving of the drug.

In the absence of more thorough knowledge on the subject, I trust the facts recorded below will have at least a suggestive value:

CASE I.—In the spring of 1867 I had an opportunity of watching, not professionally, a case in the hands of one of the most distinguished "regulars" in Maine. The patient, a bright, intelligent child, 5 years of age, of very nervous temperament, and just recovering from pertussis, was attacked with what seemed to me, irritative (infantile remittent) fever. The physician in charge, however, suspected incipient inflammation of the right lung, and applied a blister to the chest. The next day, fancying that he detected trouble of a more serious nature, he pronounced the disease cerebro-spinal meningitis, (the *bête noire* of the allopaths in this part of the world,) applied croton oil to the spine, and ordered the appropriate internal remedies, consisting, for the most part, of a combination of brom. potas., and cicuta, with brandy toddy and essence of beef, *ad lib.*

Under this regimen, it was of course difficult to discriminate between drug symptoms and those peculiar to the disease; but at no time was I able to detect anything indicative of more than functional derangement of the great nervous centres. There was in fact an absence of all those

symptoms, which, when properly grouped, are almost pathognomonic of the so-called "spotted fever."

On the tenth day of treatment an elevated, dark-red eruption made its appearance on the right elbow, from which it diffused itself over the whole body, rapidly becoming pustular. The pustules were very numerous, isolated, distended with pus, and frequently cupped, so as to present a very fair counterfeit of the eruption in discrete variola. They were generally somewhat oval in outline, and varied from two to four lines in their longest diameter. When maturation had taken place there was no apparent base nor areola, and the intervening skin was healthy. If not interfered with, desiccation followed and scabs were formed and thrown off, leaving the integument beneath reddened but sound. The pustules continued to appear for four or five weeks; the discoloration of the skin however, remained for as many months.

Upon the appearance of the eruption, the attending physician congratulated himself upon the correctness of his diagnosis, as if this were the crucial test, which settled the question beyond all cavil. For my own part, recognizing the fact that the eruption in cerebro-spinal meningitis is so protean in its character, as to be of little or no diagnostic value when taken by itself; having too, the negative testimony of the absence of all other usual signs of that disease, and knowing the tendency of the salts of potash to determine to the skin, I was induced to regard the eruption as purely a drug-symptom.

There were, moreover, two other facts in the case which militated strongly against the idea of meningitis. As the eruption developed itself, all the other symptoms gave way, and convalescence was rapid and sure. Now in cerebro-spinal meningitis the eruption is by no means critical, but merely indicative of a depraved condition of the blood; and convalescence is tedious and unsatisfactory.

CASE II.—In the spring of '68, another child in the same family, two years of age, was attacked with pneumonia, and subjected to "regular" treatment—onion poultice, croton oil, ung. hydrarg., and mustard draughts externally, with "fever drops," "cough drops," etc., for internal medication. To combat a supposed tendency to cerebral complication, the bromide of potassium was also administered as an intercurrent remedy.

On the 10th day a pustular eruption of somewhat similar character to the preceding, but with more tendency to aggregation, made its appearance and ran a similar course.

CASE III.—At the same time with this last, a like phenomena was exhibited in the case of the mother of the two children, who had been taking the bromide just before for a nervous affection.

In these last two cases there was no suspicion of meningitis, nor had they anything in common, save the administration of the drug, and the development of the eruption.

I should mention that all the preceding cases were attended with very annoying pruritus.

CASE IV.—A gentleman anticipating a wakeful night, took 20 grs. of the bromide before going to bed at 11 P. M. Slept well till 3 o'clock,

when he awoke, and not feeling any inclination to sleep for half an hour, took 20 grs. more. Slept no more that night. At 4½ A. M., he was attacked with flatulent colic in the region of the duodenum, which passed off in a watery diarrhoea during the day. The next day had pain, swelling and tenderness of the left testicle and cord. Was restless for four or five nights following, being frequently awakened by voluptuous dreams, with severe erections.

CASE V.—A lady took an ounce of the bromide in the course of a month, during, or immediately subsequent to which, a very perceptible enlargement of the thyroid gland disappeared.

In this case the drug produced salivation, and vomiting of frothy mucus, which reminds me that I had frequently seen it highly recommended for vomiting during pregnancy.

The cases recorded above contain all the usual symptoms of the bromide which have fallen under my own observation. The paralysis of the sensory nerve of the fauces, spoken of by French writers, has not, I think, been noticed in this country.

That the drug has a very wide range of action, and is worthy of a scientific proving, seems clear. I doubt, however, that we should get very valuable results from the use of attenuations.

FURTHER PROVINGS.

I.—A lady took a scruple thrice a day for several months ; symptoms—"very emaciated and weak, and of a peculiar pallid color. She was also inclined to doze and often dropped off to sleep. There was remarkable slowness of speech, and difficulty of collecting the ideas and expressing them. She was fearfully depressed and frequently shed tears. The symptoms were such as might have been partly due to malignant disease. Under improved diet, stimulants and cod liver oil, she rapidly recovered, getting color, strength, flesh, and spirits, showing that her condition was caused by protracted use of the bromide. (*Turnbull.*)

II.—When given in doses of 30 to 40 grains two or three times a day, it produces very striking symptoms in about fifteen days. The patient first complains of a dull headache, becomes listless and apathetic with an expressionless face and lusterless eye. His intellect is clouded, his mind confused, and he is unable to concentrate his thoughts. There is slowness of perception, and questions have to be asked several times before their meaning is understood, and an answer can be obtained.

If, when these symptoms have begun to show themselves, the medicine be continued, hebetude follows, with inability to think, and a kind of stupor resembling that of the first stage of typhoid fever, together with drowsiness, somnolence, and constant dropping off to sleep. In no case have I seen delirium or hallucinations. The pupils are dilated and contract sluggishly

under the influence of a strong light; the sensibility of the conjunctiva is so deadened that a finger may be passed with impunity over the surface of the eyeball, without producing winking. Hearing loses its usual acuteness, and it is only by speaking in a very loud voice that the patient can be roused from his stupor. (*Bazire.*)

III.—One of the bad effects of the bromide of potassium, perhaps the only one caused by the bromide even in moderate doses, is what we call the bromide dyspepsia. The objective symptoms are—*foul-breath and a white tongue*, involving the *edges* as well as the *dorsum*, and not *necessarily furred*, with *great languor and sleepiness*. *Anorexia* must be added to the list. (*Dr. Ramskill.*)

IV.—The bromide of potassium of which Hering swallowed thirty seven grains in the space of nine days, developed all the symptoms of bromine, and moreover a disagreeable and exceedingly painful hoarseness.

Ten grains of this bromide, applied to the denuded surface on the arm, caused a violent drawing burning pain in the whole arm, with the pulse up to 85 or 90. Next day he had several papescent and afterwards liquid stools; increased secretion of urine; racking cough with dullness and confusion in the head; violent headache, particular in the occiput; loathing, effort to vomit, with vomiting of mucus; saltish taste in the mouth.

V.—Heimerdinger swallowed thirty grains of the bromide of potassium dissolved in half an ounce of water, upon an empty stomach. He experienced the following symptoms, which we give in the order of their development: ptyalism, saltish taste, feeling of warmth in the abdomen; in a few hours, violent vertigo, with confusion of the head, dilatation of the pupils, repeated eructations, slight colic, flatulence, slight oppression when drawing breath; troublesome pressure at the stomach after dinner, lassitude, thirst, increased secretion of urine.

Sixty grains divided into six powders, and the whole of them swallowed in the course of the day, produced the same symptoms.

VI.—Dr. Puche of Paris has administered the bromide of potassium in enormous doses to syphilitic patients. He commenced the treatment with doses of 36, 72 and 108 grains dissolved in mucilage or a simple infusion, toast-water, etc. From the eighth or tenth day of the treatment the doses were gradu-

ally increased to 180, 270 and 360 grains. These enormous doses produced some striking medicinal effects, and it is these to which I desire to direct the reader's attention.

These doses induced a remarkable headache. Soon after setting in it developed a sort of dullness and giddiness, such as may be observed in some forms of typhus, and the sight and the hearing likewise became disturbed. The memory and the thinking faculty were impaired; the giddiness was generally accompanied with drowsiness and sometimes with actual stupor. Delirium was seldom present.

As a consequence of this giddiness or intoxication we observe a remarkable degree of restlessness and fitfulness of motion, the patients being sometimes unable to keep themselves on their feet. At the same time the sensibility is so far gone that the skin can be pricked, pinched, and burned even without the patient being at all conscious of it. This insensibility, however, is one of the more remote effects of the bromide of potassium, and only sets in after the continued exhibition of enormous doses.

Many of these headache-symptoms correspond with the symptoms developed by Hering and Heimerdinger.

EXPERIMENTS BY DR. HAMMOND.

Case I.—A gentleman consulted me in January, 1867, for severe headache with which he had suffered for many years. He informed me that he had once fallen from the rigging of a vessel, had struck his head, and was rendered insensible for several hours. Subsequently he had a sun-stroke in Texas. I considered this a suitable case for the exhibition of the bromide of potassium, and accordingly prescribed for him a teaspoonful, three times a day, of a solution containing one ounce of the medicine to four ounces of water. He thus took about fifteen grains at a dose.

The effects of this were so pleasant to him, and yet not altogether so strong as he desired, that he began to increase the dose. Being absent from the city for two or three weeks at that time, I did not witness the phenomena. I was informed, however, that he had exhibited symptoms of mental aberration. These wore off on the cessation of the medicine, and when I returned he was comparatively well.

His headaches, however, soon returned with all their original violence, and at his earnest solicitation, and under his promise not to exceed the prescribed dose, I again gave him the bromide. He

very soon began to increase the quantity, and finally seemed to have lost all control over his appetite for it. At this time I ascertained that he was in the habit of having his four-ounce vial, containing one ounce of the bromide, filled every day. The first obvious effect was an unsteadiness of gait—so great was this, that he was frequently taken for a drunken man, and on one occasion was arrested by the police, confined in a cell all night, and fined the next morning, notwithstanding my statement of the facts to the police superintendent. On another occasion I met him in the street, as I was going to visit him. He was now decidedly insane; had delusions that lewd women had got into his mother's house; that he was pursued by the police; that his life was threatened by members of the family; that he had thousands of dollars in gold sewed up in his clothing, &c.

When I met him his appearance and manner were very similar to those of a drunken man, except that his face was exceedingly pale. I may state here that this gentleman was and is a strictly total-abstinence man as regards intoxicating liquors of all kinds. His pulse, which normally was about 80, had fallen to 60; his skin was cool and his pupils were contracted. This last circumstance is always an important indication, for Leyden has shown—and I have frequently confirmed his experience—that the pupils contract according as the blood within the cranium is diminished, and dilate as it is increased in amount. This is a law which, so far as I have been able to observe, is without exception, and it is one, the value of which in diagnosis, it would be difficult to over-estimate. His manner was excited and rambling, and his hands constantly busy, either in fumbling in his pockets, tying his shoes, picking threads from his clothing, or in searching for the gold which he believed was concealed in the lining of his coat. His character had also undergone a radical change. From having been very frank and brave, he had become excessively timid, and suspicious of every trifling circumstance.

Up to this period, I was not quite sure that he was suffering from the effects of bromide of potassium. His symptoms were, in many respects, so much like those of an ordinary attack of acute mania, and his antecedents were of such a character, as so strongly to predispose him to an accession of the kind, that I had reason for my doubts. Nevertheless, I endeavored to stop his use of the bromide. This was a difficult task, for notwithstanding all efforts, he contrived to get hold of it. At last it

was ascertained that he had secreted large quantities of it in various out-of-the-way places about the house.

His mental derangement had now become so prominent and constant, that his friends became alarmed for their own and his safety. He had several times attempted to throw himself from the window, and had battered down a door with an axe, in order to escape from some imaginary danger. Under these circumstances, I recommended his committal to a lunatic asylum, and he was accordingly removed to Sanford Hall, at Flushing. Here his symptoms gradually disappeared, and in a month he returned to his home well. He has continued so to this day, with the exception that his headaches, which had disappeared while he was under the influence of the bromide, became as severe as at first, and still continue.

This is certainly an extreme case, and if it were an isolated example I should be disposed, taking the antecedents of the patient into consideration, to doubt the dependence of all the mental and physical symptoms on the use of the bromide of potassium. The ensuing cases, however, though not so well marked, are indubitable examples.

Case II.—A lady from the South, forty years of age, consulted me, in February last, for epilepsy, with which she had suffered from early childhood. Her fits occurred, on an average, four or five times a week, and had latterly been getting more frequent and severe. She had gone the rounds of professional treatment, and had made use of the bromide of potassium, without any effect being produced upon her disease. Her memory was somewhat confused, but her other mental faculties appeared to be in fair condition.

Conceiving that the bromide of potassium had not been administered in sufficiently large doses (six grains having been the maximum quantity given,) I prescribed this agent in doses of thirty grains, three times a day. After she had taken it for three days, she began to experience weakness in the lower extremities, and an inability to stand erect. There was also well-marked numbness throughout the body and very decided diminution of sensibility. Her eyesight, hearing, taste, and smell, were likewise weakened, and the pupils were greatly contracted. With these symptoms there was extreme drowsiness. She slept all night, and would often fall asleep in her chair, and in most uncomfortable positions. Her memory was absolutely destroyed.

She could not recollect the simplest things, and even forgot her own name, and that of her husband, though reminded of both an instant before. Frequently she would burst into tears, for no cause whatever. As in the case previously mentioned, there was an almost constant twitching of the fingers, and a busy occupation of them in matters of no importance.

From the time of taking the first dose of the bromide of potassium, up to this period, she had no epileptic paroxysm. Five days elapsed, and still there was no seizure. On the morning of the sixth day she had an attack scarcely lasting half a minute,—there was but momentary loss of consciousness, and merely slight convulsive motion of the face. I saw her about two hours afterward, and at once increased the dose of the bromide to forty grains.

She took two doses that day, and one the following morning before I saw her again. At my visit she was incoherent, full of delusions of no fixed character, and remarkably depressed in spirits. She was unable to walk, and all the other symptoms of bromism were increased. The next day she had the erroneous idea that she was deserted by all her friends, and as a consequence she passed all her waking moments, which were not many, in tears. Another delusion, that her child was dead, had taken fixed possession of her mind. She declared she saw it dead before her, and when it was brought to her she refused to acknowledge that it was hers, or had any resemblance to the one she imagined was dead.

All these symptoms indicated positive insanity, temporary in its character, but yet decided. Still, as the epileptic attacks had been very frequent, severe, and had lasted so many years. I regarded the case as one requiring the administration of the bromide to the utmost extent consistent with the permanent well-being of the patient. I therefore continued the forty-grain doses and had the satisfaction of seeing tolerance established in a few days. Even after a month, however, there was marked mental depression. At the end of that period, as there had been no return of the epilepsy, I reduced the doses to thirty grains, at which point they still remain. She has had no epileptic paroxysm since the 11th of February last. I propose to continue the bromide for three or four months longer and then gradually to leave it off.

Case III.—A lady from Kentucky consulted me in August

last, for epilepsy, of which she had paroxysms immediately before and after her menstrual periods, but at no other times. Bromide of potassium had been tried in doses of ten grains, without success. Perceiving evidence of injury to the skull, I requested my friend, Prof. Sayre, to see her in consultation, with the view of eventually trephining her if sufficient cause for the operation should be discovered. Although it was ascertained that pain at the seat of injury preceeded every attack, it was determined that, before resorting to the trephine, large doses of the bromide should be administered. I accordingly prescribed it in doses of thirty grains three times a day. The immediate effect was the production of the most intense melancholy, attended with fits of uncontrollable weeping. These symptoms lasted three or four days, and were then accompanied with periods of positive delusion. Gradually they disappeared, although the doses of the medicine were not reduced. She returned home, and a few days since her husband informed me that she was well, had had no return of the epileptic paroxysms, and was still continuing to take the bromide.

Case IV.—A very remarkable instance of the effect of large doses of the bromide of potassium over the mind, exists in a case now under my care. It is that of a gentleman affected with paralysis agitans, a disease in certain forms of which I am in the habit of prescribing bromide of potassium, with a view to its sedative influence. On the 10th of October last I gave him three doses of thirty grains each. The effect was to quiet his muscular tremor, but to produce the profound melancholic delusions. He imagined that he had been specially singled out for divine vengeance—and he spent the greater part of the evening in loudly deploring his sad fate, falling suddenly asleep at intervals of a few minutes. Towards twelve o'clock he became quiet, and passed the rest of the night in a sound sleep. On the 11th he took three more doses. I saw him at six that evening; he was then walking his room, groaning and wringing his hands. He informed me that he had been accused of robbing a friend, and that the officers were in search of him. His gait was unsteady, his hands and fingers in constant action, his face pale, and the pupils strongly contracted. While he was talking to me, he said that he felt very sleepy. I persuaded him to lie down, and he was immediately sound asleep. He did not awake till

five o'clock the following morning. He was then quiet, composed, and altogether in his right mind.

On the 13th he took one dose of sixty grains, on his own responsibility. His tremulousness had abated from the first dose, was entirely absent on the 12th, but on the 13th feeling some slight return of it, he thought he would crush the disease at one blow. As a consequence, he was in an hour unable to stand, his face was ashy pale, his pupils contracted, and there was a loss of memory to such an extent that he forgot how to talk. For instance, when asked what made him take so large a dose, he was fully two minutes endeavoring to frame a reply, and was then obliged to give up the attempt with the remark "I can't." In fact, there was well-marked *amnesic* aphasia, for there was no difficulty in coördinating the movement of the tongue so as to articulate distinctly any word he was told to pronounce. In addition to these symptoms, there was the characteristic depression of mind, during which he experienced the most gloomy ideas relative to his present and future condition, if an opinion could be formed from the signs of distress, such as weeping moaning, and wringing his hands, which he continued to manifest. Finally after two hours of this, he fell asleep, and when he awoke eight hours afterward, was perfectly sane. Since that time to the 20th he continued to take three doses daily, of thirty grains each, with the effect of entirely arresting the disease, and producing no other obvious effect than drowsiness, weakness of the limbs, and slight loss of memory. He is now entirely well.

Case V.—My friend, Professor W. H. Van Buren, has given me the particulars of a case of temporary insanity from large doses of the bromide of potassium, which came under his observation. The patient, a lady, had suffered from Pott's disease of the spine, and lumbar abscess; and having been cured of the later by valvular incision, performed by Dr. Van Buren, was wearing a brace for the spinal disease, when she was attacked with epilepsy. For this she came under the charge of Dr. Brown-Sequard, who prescribed large doses of the bromide. Very soon afterwards she began to manifest symptoms of melancholy attended with delusions. She was taken to Long Branch, and while there continued to be insane. She fancied that the boarders in the hotel insulted her, and imagined that the weekly bills of the landlord were the evidences of a conspiracy which had been got up against her father. On the way up from Long

Branch to this city, while standing on the guards of the boat, she suddenly gave a loud shriek, and declared she had seen her brother fall overboard. On arriving in town, Dr. Van Buren saw her, and, surmising the cause of the mental difficulty, stopped the administration of the bromide. In a few days her mind became sane, and has since remained so. Throughout the whole progress of this case, there was profound depression of spirits, and all her delusions were of a melancholy character.

In many other cases I have witnessed great unsteadiness of gait, depression of spirits and loss of memory. In one of these a young lady of this city to whom I was administering the bromide for epilepsy, in doses of twenty grains three times a day, these symptoms continued during two months, and then gradually disappeared.

In another, that of a lady from Savannah, afflicted with the same disease, sent to me by my friend Dr. Smith of Baltimore, thirty-grain doses produced such intense melancholy and weakness that I was obliged to reduce the quantity to twenty grains. In another a distinguished gentleman from the interior of this state, laboring under paralysis agitans of long standing, somnolence and weakness of the extensors of the legs and feet, were the prominent symptoms. Of another, a young lady from Kentucky, with epilepsy, whom I saw in consultation with my friend Professor Sayre, in July last, her father writes, November 2d, reporting her freedom from paroxysm, and says: "She is very absent minded, low-spirited and childish—giving way to her feelings. She is not so nervous, nor does she walk with so much difficulty, as some weeks since, when she could not walk, without staggering very much. She continues to take thirty grains of the bromide of potassium three times a day." In another, a gentleman to whom I gave the bromide for wakefulness, it produced vertigo, fainting and nausea, followed by sound sleep. The doses were twenty grains three times a day. The pupils in this case were strongly contracted. In another that of a young lady affected with epilepsy, whom I saw in consultation with Professor T. G. Thomas, a few doses of fifteen grains each caused great mental depression, a feeling of approaching death, and so extreme a degree of weakness, that the medicine had to be stopped.

In a few cases which have come under my notice, the medicine in question has produced no obvious effect. In one instance

I gave it to a boy with epilepsy, in gradually increasing doses, till the quantity of sixty grains three times a day was reached. No effect followed, either over the disease or any of the organs of the body. In another case, that of a lady affected with paralysis and hysterical vomiting, I administered the bromide, first in doses of fifteen grains, next of twenty grains, and then of thirty grains three times a day, without observing that any influence was exerted over any part of the organism. In a third, I gave forty grains thrice daily, for epilepsy without effect, and in a fourth the same quantity every four hours for frequent-recurring epileptic paroxysms. No effect was produced till the quantity was increased to a drachm at each dose. The staggering, mental depression, and contraction of the pupils ensued and the fits ceased.

PROVING OF BROMIDE OF POTASSIUM.

Daily dose being 20 gr. it very soon caused the cessation of the "lapses" (*petit mal*) and, in order to make sure, and stop the greater evil also, I went on increasing the dose till at length I should think I must have been taking 70 grs. a day, perhaps sometimes 80.

The first symptoms of overdoing the thing that I noticed was the profound and yet disturbed sleep into which it seemed to throw me. I always awoke with a mental struggle and effort, not knowing at first where I was, or what had become of me; in fact, as I told Dr. M., I seemed to have gone too far down into the gulf of sleep. Side by side with this, but of course less noticeable to me, was the enfeebling of mental power. A little page in my accounts which I should usually prepare and balance in half an hour, took me two or three evenings weary work. But the worst thing was the tendency to talk "Mrs. Malaprop" English, substituting one word ending in "tion for another" in a most provoking and yet ludicrous way. I had once to write some letters reminding people that their subscriptions were due and I had the misfortune of having my letters (I think one or two of them) brought back to my clerk, who pointed out to me that I had written "contraction," or some such word, instead of "subscription." I went from home, and for a time dropped the medicine. In a week my host said, "why you look ten years younger than when you first came." The stoop in my figure, the slow uncertain speech, and other bad symptoms, especially

the heaviness in the eyes, were gone and I felt quite myself again.

Dr. L. P. Zandell bears testimony to the harmlessness of the bromide. He himself several times, in health, took six or seven 3 in as many hours, without apparent effect. One lady took an ounce in a night without feeling it at all. In several cases I have given 3 doses three times daily for three weeks in succession, without any toxical effects. But in others I have found vertigo, staggering and an uncontrollable propensity to sleep brought on by 40 grain doses repeated three times per day.

AUTHORITIES.

Noac.	Belcher.	Pelvet.
Hering.	Snelling.	Huett.
Puche.	Cauch.	Bazire.
Heimerdinger.	Trosseau.	Pfeiffer.
Hempel.	McGregor.	Robertson.
Begbie.	Ludlam.	Stille.
Pletzer.	Hale.	Theilman.
Laboulbene.	Locock.	Hewson.
Ringer.	Hammond.	Roberteau.
Magendie.	Brown-Sequard.	Ramskill.
Browne.	Garrod.	Cersoy.
Cambron.	Caro.	Turnbull.
Rossignol.	Simpson.	

THE ACNE OF BROMIDE OF POTASSIUM.

[The following excellent description of the acne caused by this drug, is taken from the *London Lancet*. HALE.]

Dr. Cholmeley read a case of confluent acne excited by the bromide of potassium. The patient, aged thirteen, was admitted into the Great Northern Hospital for epilepsy. The bromide was at first given in ten-grain doses thrice daily, but without benefit. The dose was afterwards increased from fifteen to twenty five grains, with marked benefit as to the epilepsy. Coincident with the improvement, however, an eruption appeared on the face and legs; there was a general malaise, with occipital pains; and the fits soon afterwards returned more frequently. The eruption was somewhat like variçella, but the vesicles, instead of drying up, became confluent in many places, the clusters thus formed showing a tendency to enlarge, and exhibiting numerous patches of suppuration. About a month afterwards

the patient exhibited a band of eruptions on each side of the face, across the forehead, and all over the front and one side of each leg. That on the face consisted of irregular, elevated, light-brown crusts, so adherent that they could not be detached without causing bleeding. The skin of the legs was vividly red and exquisitely tender, the eruption consisting of circular, elevated vesicles, filled with milky-white matter, and seated on red and hardened bases. The contents of the vesicles consisted of sebaceous matter, and if the vesicle were let alone, it rapidly enlarged, became flaccid, and contained pus. When the eruption had almost died away the bromide was again given, and resulted in a reappearance of the vesicles. The speaker remarked that, according to the experience of French writers, eruptions were frequently induced by the bromide of potassium; and Voisin described five varieties, one of which closely resembled the case under consideration. The French, however, prescribed much larger doses of the drug than we were in the habit of giving.

Dr. Buzzard remarked that, out of fifteen patients under treatment with bromide of potassium at the Hospital for Epileptics, he noted eight who had been the subjects of an eruption, two of which were very severe. The eruption usually appeared about the face, neck, and shoulders, and in no case were the legs affected. He generally continued the treatment in spite of these eruptions, finding that the patients preferred the latter to the recurrence of epileptic fits, and believing also that the presence of the eruption indicated good effects with respect to the original malady.

Dr. Tilbury Fox thought the pathology of such cases as that exhibited perfectly clear, and declared the disease to be seborrhœa, in which there was coincident inflammation of the walls of the sebaceous glands.

Dr. Hermann Beigel remarked that he had in very many instances prescribed the bromide without the occurrence of any eruption, and that caution should be observed in attributing the latter to the use of this drug.

ALLOPATHIC TESTIMONY FOR HOMŒOPATHY.

[The following is from the "*London Lancet*"—It is a singular article to appear in such an ultra allopathic journal. We want no better testimony that our system is gradually sapping the foundations of that practice.—HALE.]

On the Action of Ipecacuanha.—By C. C. Fuller, F. R. C. S. I have been induced to make the following communication in answer to Dr. Anstie's invitation to those who have studied the action of small doses of Ipecacuanha in vomiting and other diseases to make public their experience. I was led by the recommendation of a medical friend to test the value of small doses of Ipecacuanha; and I did so, but with the greatest scepticism, and with the fullest expectation of finding these small doses useless. It was only after repeated successes that I was compelled to believe in the efficacy of this treatment in the following classes of cases.

1. *Vomiting of pregnancy.*—Having given extended trials of the following remedies in this disease—viz., hydrocyanic acid, nitrate of potash, oxalate of cerium, opium, nitro-muriatic acid, bismuth, alkalies, and quinine; and though each of these remedies was frequently useful, I am convinced that they are all far inferior to ipecacuanha. Its effects are frequently conspicuous in the most severe cases; and it is able not only to control that vomiting which occurs on rising in the morning, but also the more severe forms in which the nausea, retching, and vomiting are almost incessant. The following are brief accounts of two of the cases which occurred under my notice.

Mrs. W——, aged thirty-two, mother of four children, had always suffered during the whole period of her previous pregnancies from severe retching and vomiting, repeated many times a day. On the present occasion she was in the fifth week of her pregnancy, and her sufferings from retching and vomiting were as severe as in former times. She was ordered to take a drop of ipecacuanha wine in a teaspoonful of water every hour, and on the second day of this treatment all retching and vomiting had ceased. The medicine was then discontinued, and was only taken in drop doses on the occurrence of nausea, which it immediately removed. One dose of medicine was usually taken during the remainder of her pregnancy on each day.

Mrs. D——was in most respects similar to the previous patient. She had three children, and during the whole period of

each pregnancy she was tormented with sickness and retching, repeated many times a day. After using several remedies without success, the drop-dose of ipecacuanha wine was ordered, and the most marked relief followed after the lapse of eight hours. It was given, as in the former case, every hour; and discontinued and resorted to in precisely the same manner and with the same satisfactory results.

I could easily refer to other cases equally successful, but these will serve as examples of the efficacy of this treatment. A more extended experience has proved that a dose administered every four hours is sufficient to secure the desired result.

2. *Sickness and diarrhœa of children.*—In this troublesome and frequent affection of children, a drop of ipecacuanha wine, administered every hour, or less frequently, according to the severity of the disease, is most successful. Under its influence the sickness almost immediately subsides and the diarrhœa abates, although the latter may continue one or two days longer, and in a few cases, although very much controlled, may require another remedy to remove it. Its use is indicated when the motions are *frequent* and *slimy*, and also when they are of a *grass-green color*; and it is also highly efficacious in this form of dysentery when unaccompanied by vomiting; but the presence of sickness may be accepted as a special indication of its usefulness, and rarely will it be found to fail were sickness and slimy diarrhœa are present. The notes of numerous cases have been preserved, but it is unnecessary to give a detailed account of them, as they all presented the symptoms above mentioned.

The same treatment will sometimes prevail over other forms of vomiting as the following case proves:—

Mrs. H—, aged sixty-seven, had suffered from occasional vomiting for about four years. The attacks would last for from about ten days to a fortnight. She was never a month without one of these attacks. The vomiting frequently followed from fifteen minutes to half an hour after taking food, but sometimes an hour elapsed before its occurrence. These attacks were treated by several medical men, and relief obtained, but they recurred as stated above. No cause of the complaint could be discovered. Recourse was had to drop doses of ipecacuanha wine every four hours, but no apparent relief from the vomiting resulted until four days had elapsed, although the patient asserted she felt better. At the expiration of that period the sickness ceased,

and from that time (more than a year since) she has had no return of the sickness, although she is obliged to have recourse to the medicine on the occurrence of feelings which experience has taught her are the precursors of her attacks.

In conclusion, it is right to mention that cases of other forms of vomiting have occurred in my practice, which have entirely resisted this treatment. Contrary to experience of some, I have obtained at present no success from ipecacuanha in the vomiting of drunkards, and it is useless to expect that ipecacuanha or any other medicine should be a panacea for all forms of vomiting.

HYDRATE OF CHLORAL.

Proving.— \mathfrak{D} ij in \mathfrak{z} ss. aqua and syrup. It produced for 45 minutes a muscular and moral excitability similar to a slight champagne intoxication, whereby the prover felt pleasant, smiled and danced. Without any trouble he fell asleep as soon as he laid down. The sleep was quiet, natural; not disturbed by any dreams or hallucinations. Forcibly awakened, clear consciousness returned easily, and he replied promptly to any question. Left again to himself, he fell immediately again into his natural sleep, which lasted for 10 hours, a thing which had not happened to him during his whole life. He woke up refreshed in the morning without any bad symptoms, but could not recollect the disturbance by which he was awakened, nor that he replied. The chloral sleep was therefore profound and lasting.

Proving II.—Pulse, 68; resp., 28; temp., 37.2 (115°); takes Chloral hydrate \mathfrak{D} ij, in mucilage. Immediately a pleasant excitation for a quarter of an hour, with *pulse* 88. At 10 A. M. quiet sleep; pulse 74; resp. 28; temp. 36 (112°); both pupils somewhat dilated. 10½ A. M. quiet sleep, although a good deal of noise in the hospital (prover suffers from a slight bronchial attack). 11 A. M., prover goes with another patient in the bath-room and takes a luke-warm bath. 11¾. Returns from the bath, takes hearty meal, and 1 P. M. goes to sleep again. 5½ P. M. Wakes up refreshed, waiting for his supper; pulse 72; resp. 32; temp. 37.—*Wiener Med. Wochenschrift*.

Case.—A woman suffered from puerperal peritonitis in its worst form, screamed unconsciously for 24 hours and when I saw her, she was considered past all help, as her extremities were

already cold, the pulse impossible to count and filiform, hippocratic face fully pronounced, still she threw herself about in the bed, and screamed and moaned piteously. I gave her Hydrate of Chloral gr. xxx in $\frac{3}{4}$ ij mucilage, of which she took about two-thirds, as a great deal was spilt in the attempt to give it to her. A quarter of an hour afterwards she was quietly asleep although the spark of vitality was continually decreasing. At 3 p. m. I visited her again, and found the death-rattle setting in, which I easily removed by a few *pellets* of Tartar emetic (proving to me, that the hypnotic does not counteract homœopathic remedies.) A 4 p. m. she died, apparently without any pain. Where we cannot cure, Euthanasia it still one of our duties. S. L.

A writer in *Michigan University Medical Journal* intimates, that this was the drug that Shakspeare's friar gave Juliet :

"Take thou this phial, being then in bed,
And this distilled liquor drink thou off;
When presently through all thy veins shall run
A cold and drowsy humor, which shall seize
Each vital spirit.
And in this borrowed likeness of shrunk death,
Thou shalt remain full two-and-forty hours,
And then awake as from a pleasant sleep."

ARNICA IN HYGROMA.

We are indebted to Prof. Hempel for a translation of the following communication from Dr. Liedbeck, of Stockholm, Sweden :

HONORED COLLEAGUE—As in 1869, so I send you a Swedish carolin (gold piece) for 1870, as pre-payment for the Observer. At the same time, in continuation of my previous notice, which Dr. H. has been kind enough to translate, a model of my bandages for keeping Arnica blossoms in place, as a homœopathic specific for hygroma of the patella, arising from pressure in the case of servant girls when scouring the floor. After showing them a model, the patients make the bandage themselves. I instruct them to make each side-bag big enough to cover the patella. The bags are filled with the Arnica blossoms and applied to the knee by means of strings or garters. You will be able to improve upon this, as it behooves Americans to do with everything coming from our country. Jærg was the first who experi-

mented with Arnica blossoms on the skin; they caused a burning, itching and an efflorescence. Jøerg's proposal to make a practical trial of the blossoms was neglected by allopathy and homœopathy. I believe I am the first who has improved Jøerg's experiments for the cure of hygroma. If I send you this model, it is not to claim the glory of priority, but to secure in practical America a more general recognition for my plan than it has obtained in Germany.

ZINCUM MET. AND CUPRUM MET.

An observer* puts fairly before us the great value of Zincum met. in cerebral affections connected with exanthemata, but I cannot see how such a good observer fails to distinguish between the two metals, as his own cases give us plainly these distinctions.

Zincum met is indicated in a *state of the blood, which, in its qualitative analysis, approaches chlorosis*. There is want of vitality, as we find it after physical and psychical depression; there is heaviness and weakness in all the organs, as we see in the suppressed catamenia, but when the menses flow, it relieves all her sufferings. She is never well, except during menstruation; the cough is harassing and troublesome, because strength is wanting for expectoration. As soon as a discharge sets in, relief follows. He feels as if his bladder would burst, and still there is not energy enough left to pass a good stream, and small quantities only are discharged. The same is the case with the stools, which are scanty, dry, brittle, granulous, but never formed like healthy fæces. In its dyspeptic symptoms we find a sort of subdued nausea with a universal tremulous feeling; there is irregular spasmodic action of the heart; clonic spasms prevail, as they as well as the following coma find their cause in *cerebral exhaustion*, and it is therefore clear that Zincum can only be indicated in cerebral affections connected with exanthemata, where the vis medicatrix naturæ is too weak to throw the poison to the surface, and in such cases Zincum will bring relief, as it did in the father of the children, who watched and nursed his children, and when he took the disease, his innervation was too weak to work off the poison, and the same was the case in the child, where cerebral symptoms set in, after the child had battled already with the

*American Homœopathic Observer, 1869, page 556.

enemy to throw him off, as well as the distressing chest symptoms. As remarked already, *cerebral exhaustion* is the keynote of Zincum, around which all other symptoms radiate.

Cuprum metallicum on the contrary, is indicated, according to G. Schmid, when the exanthema has been fully out, but somehow was driven in, and the nervous system became affected. In Cuprum the spastic symptoms (especially tonic) prevail over the paralytic ones; whereas the reverse is the case with Plumbum and Zincum. Zincum has primary depression of the nervous centres, and we find it therefore beneficial in atrophy of the brain; in the progressive palsy of the insane; in infantile convulsions; where the depressed fontanelles give us the index for its use, and Dr. Elb has called our attention to its great value in that paralyzed state of the brain, which sometimes occurs in scarlatina, whereas Cuprum affects primarily the ganglionic centres and the medulla oblongata, and the cerebral symptoms are only secondary or sympathetic. Thus Cuprum is such an excellent remedy in cholera, with moderate green vomiting, little thirst, and the spasms concentrated about the chest, with sudden attacks of dyspnoea unto suffocation, but for the collapsed state it is not any more indicated, the time for the application of Cuprum has passed. Bæhr puts Cuprum at the head of his remedies in whooping-cough; and in asthma and laryngismus every physician knows its benefit, and we may consider it therefore an excitant to the pneumogastric nerve. The paralysis of the brain is caused by metaschematismus, and the spasms as well as the paralysis attack more the motory nerves, whereas the sensory remain nearly normal. In most diseases for Cuprum the mind remains perfectly normal, though the tonic contraction of the muscles may be terrible; we see also in Cuprum the convulsions frequently start from the utmost ends of the peripheral nerves (fingers and toes), and progressing to the centres, and also their paroxysmal character give a quite different picture from the convulsions of Zinc.

Every remedy has *its own peculiar sphere*, and though they may be similar in their action, there will be differences enough to render to each its own place.

S. L.

Bromine of Ammonium is recommended by Dr. Gibb, of London, for obesity. It causes the absorption of fat with certainty.

Chemistry and Pharmacology.

E. W. FISH, M. D., HOLLY, MICHIGAN, EDITOR.

FEHLING'S SOLUTION.

BY DR. D. HUNT, WORCESTER, MASS.

[The following article refers to comments on an article which appeared last November.—F.]

I could defend Fehling's solution by lengthy quotations from various standard authorities, but knowing the *Observer's* taste in regard to long articles I refrain.

Practically diabetic urine is a solution of grape sugar, the dilution by the increased flow of water and the decrease of the solid ingredients making it such; even where this is not the case Fehling's solution is applicable. I would refer to Robert's "Urinary and Renal Diseases," p. 142, et seq., for a full and practical exposition of the subject.

In Watts' Dict. of Chem. p. 672, vol. 5, I find the same modifications of tartaric acid as given by Dr. Fish, excepting that lævo-tartaric acid and racemic acid are not spoken of as identical, lævo-tartaric and lævo-racemic acid are used as synonyms. As to the chemical qualities of lævo-tartaric and dextro-tartaric acids I find that they are identical in their chemical relations to all substances that have no action on polarized light.

I translate from Wills' "Anleitung Zur. Chem. Anal." the following differential tests of tartaric and racemic acids: "Racemic acid is distinguished from tartaric acid only through the insolubility of its calcium salts in ammonia salts or in free racemic acid. Wilk's Dict. of Chem. vol. 5, p. 36, gives the following: "Racemate of calcium is likewise insoluble in acetic acid whereas the tartrate is soluble." A. Miller, p. 445, part 3rd (Elements of Chem.) "Racemic acid is less soluble in alcohol than tartaric. It slowly precipitates solutions of sulphate as well as those of chloride of calcium; the calcic racemate is soluble in

hydrochloric acid, and is precipitated unchanged on adding ammonia.

The following is interesting as to the fermentative changes; I quote from Pasteur (*Comptus Rendus* 46, p. 615). " If a solution of ammonium racemate be mixed with about 1-2000th of its weight of any albuminous substance, and be placed whilst hot in a flask with a long neck, which is filled with the liquid to the bottom of the neck, and if when it has cooled to about 80° a small quantity of a solution of a tartrate in active fermentation be added, fermentation will then be set up, and the liquid will acquire a power of rotation to the left. The lævo-tartaric acid will resist the fermentation, whilst the dextro-tartaric acid disappears. If a solution of ordinary ammonium tartrate be substituted for the racemate, the tartaric acid will disappear entirely (Miller, p. 445, part 3). From Watts' p. 672, vol. 5, the following: " When a few spores of *pencillium glaucum* are introduced into solution of racemic acid containing traces of an alkaline phosphate, fermentation is set up; the dextro-tartaric acid is decomposed, and if the fermentation be interrupted after a certain time, the liquid contains nothing but lævo-tartaric acid."

Watts' Dict. of Chem. vol 2, p. 860, and vol. 5, p. 861, bear testimony to the reliability of Fehling's Solution as a test for sugar.

REMARKS.

We are pleased to find that Dr. Hunt has not forgotten this subject which first appeared in the *Observer* for November 1869.

We are still confident from practical operations that Fehlings solution is not a good, reliable test for diabetic sugar. The right and left polarities are little understood by practicing physicians, and the fermentative changes which take place not only confuse the plain man, but have led able chemists to duplicate the titles of tartaric acid identical with dextro-racemic and left tartaric acid, or lævo-racemic acid. In the application of the test fluid a more immediate result, and perhaps more satisfactory, is obtained for those who would be unable to premise another and material change, which scarcely differs in appearance from the sugar test. Authorities have adopted it but from a necessity which gave them little choice. The fact that last July we were able to present 18 different tests proposed for detecting diabetic sugar, all of which have proved insufficient even in the hands of amateurs, evidences that we are without a good test.

And this statement may meet a smile from some readers who have used a favorite method "always with success." "Always with success" inclined such men as Bence, Jones, and Brücke to state that sugar was *always* present in urine, a statement generally, but unsatisfactorily confirmed in our own mind.

It is a little singular that no one has thus far proposed a test through the agency of the solubilities. We propose that trials be made with the following methods:

1st.—Precipitate the earthy phosphate from the urine by addition of a somewhat dilute alkali, as solution of soda. If albumen is suspected, add camphor. Filter through animal charcoal. To the filtrate add strong hot alkali (potassa, soda, baryta.) Heat. A whitish, turbid precipitate would indicate more earthy phosphates and must be filtered, in which case add more caustic alkali and heat. If glucose be present, the fluid will become dark, quite dark, and the addition of chlor-hydric acid throws down a black precipitate of melasinic acid.

2d.—Precipitate the earthy phosphates with a somewhat dilute alkali till neutral or slightly alkaline. Add camphor, and a portion of dilute chloride of barium to remove albumen and alkaline sulphates. Filter through animal charcoal. These additions must be made within a short time, with dilute reagents and without heat. Neutralize the filtrate with ammonia and evaporate to dryness. Dissolve the residue in alcohol and warm gently. Filter while warm. Evaporate $\frac{3}{4}$ and precipitate with ether. Decant. Evaporate to dryness; dissolve in water and apply Trommer's test or the above (1) by addition of strong, caustic heat and acid. These manipulations, unless performed with care, will reduce the amount too much unless it be present in considerable quantity.

E. W. F.

Water in Alcoholic Solutions.—A simple test of the percentage of water in an alcoholic solution is furnished by the affinity of alcohol for chloroform. In the experiment a little chloroform is poured into a graduated glass tube, and a given volume of the spirits to be tested is added, and both well shaken up together. On settling, all the water will be found to have separated from the alcohol (which has combined with the chloroform), and its amount can be read off on the graduated tube.—*American Artisan*.

American Homœopathic Observer.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR.

DETROIT, MICHIGAN, JUNE, 1870.

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"THE MEDICINE OF EXPERIENCE."

The Western Homœopathic Observer of February 1870 says: "The '*American Homœopathic Observer*' has changed its name, or rather adopted a new one. It carries on its little page its *old* and its *new* name, with the addition of The '*Medicine of Experience*.' That Experience has very much to do with homœopathy is true, but that it is the medicine of experience we cannot concede. It is far above such classification. It is medicine based upon a principle of nature and of sciences, a principle which lifts it far above the mere "experience" of its professors, and places it side by side with those sciences which are governed by fixed and immutable laws. It is the medicine which, for its proper elucidation, calls for a proper understanding of the collateral sciences, and requires of its professors a thorough and complete understanding of *medicine*."

The "*American Observer*" places upon its title some of the best men in our school as co-laborers, and from the wide circulation it already possesses, will do much for the spread of homœopathy. We wish it great success.

It is a little peculiar that a homœopathic journalist should object to the very name which Hahnemann gave to his own system. (See *Lesser Writings*, pp. 497, 541. London, 1851.) "Medicine" says Hahnemann in the essay cited, "is a science of experience; its object is to eradicate diseases by means of remedies."

The knowledge of diseases, the knowledge of remedies, and the knowledge of their employment, constitute medicines."

Science (*sciens*, *scire* to know) finds its tap root in experience, for science in the formulization of that which we *know*.

Webster defines experience as "experimental knowledge." Hahnemann's medicine is, then, emphatically the "science of experience."

That homœopathy is "based upon a principle of nature *and* of science" is nonsense. Homœopathy *is* "a principle of nature," and the science of homœopathy is the recognition, the *knowing* of this principle. That this "principle lifts it far above the mere 'experience' of its professors" is merely a rap at the *sciens* of some of these "professors" whom we do not care to champion. That this principle "places it side by side with those sciences which are governed by fixed and immutable laws" is—editorial buncombe.

The italics in the following paragraph indicate a grievous need of a copy of Crabbe's Synonyms: "It is the medicine which, for its *proper* elucidation, calls for a *proper understanding* of the collateral sciences, and requires of its professors a thorough *and complete understanding* of medicines."

We wish our Western namesake a splendid increase in its subscription list, and better luck in its next criticism. S. A. J.

VERY UNFORTUNATE.

"Unfortunate.—Dr., A. S. Hinkley, of Buffalo, some months since, wrote an article for the *Homœopathic Observer*, of Detroit, in which he virtually took grounds against high potencies. Not only so, but he held up to ridicule some of the cherished doctrines and practices of the homœopathic school. The article has been caught up by our allopathic journals and made an effective weapon against us. The homœopathic journal in question evidently betrayed the confidence and respect of its patrons, to allow such an article to go forth without protest. If its readers are pleased at such questionable pleasantries, more's the pity; they are not in their taste far removed from the allopaths and eclectics. There is a limit to the freedom of ridicule among friends, but the *Observer* does not seem to have discovered it.

H. H. B."

"Here's richness!" said Squeers, after a draught of the sky-blue skim-milk of Dotheboys Hall. Has Squeers "left his country for his country's good" and settled "out West?" Let us see.

Some months ago we read Dr. Hinkley's article—"Dilutions"—in the proof-sheet, and merely thought it as highly diluted as the "microscopic globules" which had called forth his very cheap wit. We imagined it to be as harmless as the famous Trojan horse, or any other wooden thing, but behold you, it turns out to have been the "jaw" of an A. S. for it "has been caught up by our allopathic journals and made an effective weapon against us."

Worse than all, for introducing the said asinine weapon the *Observer* is declared to have "evidently betrayed the confidence and respect of its patrons," who, it is expected, will inconspicuously transfer their subscriptions to the Ohio Bi-Monthly—a slow-and-sure which requires sixty days of this *live* Nineteenth Century to load and fire off—its innocuities.

To express our opinion of H. H. B's maiden editorial attempt there is, in English or French, but one fit word, and that unspeakable monosyllable Michelet says the brave Cambronne flung in the teeth of the British officer who asked the Old Guard to surrender. But, let us look at the *causus belli*. Dr. Hinkley says "two theories were advanced respecting the therapeutic power of attenuated medicines." One of these is called the *atomic*, and the other the *dynamic* theory; and, to the consternation of homœopathy, Dr. A. S. Hinkley doesn't believe either. "The objection," says our incredulous doctor, "to the atomic theory lies in the fact (^a) of the insolubility of certain remedies that we know have great therapeutic power in the lower triturations. Take, as examples, *Carbo veg.*, *Silicea*, *Aurum* and other metals. Do they become soluble in alcohol at the fifth trituration! Give us the proof (^b.) Now if (^c) these substances are insoluble in alcohol, the process of diluting is only that of separating the

particles of the mass with which the process was begun, instead of *increasing* the number, and what probability have you that you have one particle of the medicine in a dose of the 200th attenuation, to say nothing of the 100,000th." (*d.*)

d. This fish is so stale that it stinks, and Dr. H. would have done well to have left it rotting in the past, to which it was consigned when Dr. Samuel Brown brained it in the first volume of the British Journal of Homœopathy (p. 221).

e. "There's much virtue in your 'i.'" In this instance it denotes a molites ossium in the back bone of Dr. H's borrowed argument. If our doctor had *known* "these substances" to be insoluble, he would have written "Now *as* these substances are insoluble in alcohol," and not have begged the question with a spavined "if."

b. What "proof" will satisfy so precise a scientist? It is for him to prove that a chemical, or an optical test is capable of demonstrating this question. So far as the proof by *seeing* is concerned, Galen could have denied cell-genesis had some Roman Beale only broached the theory. But with the capability of a compound achromatic microscope at his command, Galen could have forestalled Schleided and Schwaun. "Give us *the* proof," cry these fellows, but when you offer them the *pathological test*, they are at once smitten with an unhappy lithium-blindness—"an uncertainty of vision and an entire vanishing of the *right-half* of whatever she looked at."

a. These be the kind of *facts* which cause so many miscarriages in medical logic. Suppose it were first demonstrated that the efficacy of the remedies in question depended upon their solubility, then Dr. Hinkley proves his "fact" by the negative of a physical test, while Dr. Dunham denies this identical "fact" by the positive of a pathological test, and between the two the poor "fact" doesn't know whether it's "which or t'other."

We do not care to follow Dr., H. into his *dynamic* muddle, in so much as we ourself could never sit easy on that horn of the posological dilemma; we would simply remind him, and so many old school editors as his article may have "tickled" that, in even utterly demolishing the *dynamic* theory, he would only have disproved a theory of an action, and not that action for which the theory sought to account. The same is true if the *atomic* theory were positively demonstrated to be an impossibility, for, even then, Dr. H. could only say the "therapeutic power" of a remedy is *not* owing to the divisibility, or to the dynamics of matter. Behind his utmost endeavor the actual "therapeutic power" would remain undisturbed. Dr. H. (and all of his kind) are like a starving man who would refuse to partake of food unless the cook could give him the true theory of digestion; and if he only accepts just that which *he* can give the Creator's rationale of how much room to let these must be under his hat!

But from the close of Dr. Hinkley's article we would imagine

him to be just the one to put the potencies to a final test. He says, "I have heard and read so many reports of remarkable cures with high attenuations wherein *post hoc* was taken for granted as *propter hoc* that my faith is very much lessened, of late, in all such reports." What a puissant Jack the Giant-Killer to let loose among the Munchausens of high dilutionism! Why doesn't he employ his peculiar prescience in testing the potencies on the sick rather than in spinning rhetorical cobwebs?

For allowing Dr. Hinkley to exhibit himself as a critic of homœopathic posology in such an article as this, the *Observer* has "betrayed the confidence and respect of its patrons!"

"Tell that to the marines." Whenever the *Observer* allows any disbeliever in the truths of homœopathy to show the weakness of his disbelief, we take it that the *Observer* has done homœopathy a favor; and we hope always to have a column or two at the service of any who desire to "fight it out on this line."

On the other hand, we incline to the opinion that H. H. B. has made a somewhat damning concession in asserting that Dr. Hinkley's posological *borborygmi* have furnished "an effective weapon against us." We can be hurt by only such a truth as shall show that homœopathy is false. Has Dr. Hinkley supplied the toothless hatred of Old Physic with such a truth? Will H. H. B. answer in his second editorial?

But however much we differ with Dr. Hinkley, we honor his spirit for more than that which seems to actuate H. H. B. As a homœopath, Dr. Hinkley has come out plainly and uttered his disbeliefs. To be sure, these very disbeliefs may "give aid and comfort to the enemy," still they are *his* disbeliefs, and he has openly avowed that they are not *his* homœopathy. Believing them to be false, Dr. Hinkley has condemned them as a *man* would any other lie; and deeming them an injury he has sought to cast them out as he would any other evil.

What would H. H. B. do under similar circumstances; hide what he *believed* to be false, for homœopathy's sake?

Falsehood, like our psora, is best determined to the surface; hide it within and some noble organ must suffer.

Homœopathy, as the *Observer* understands it, has nothing to hide. It courts the searching sunlight of earnest and honest investigation. It would not strangle in the birth a single doubt though it were begotten of only ignorance or error. It would aid the expression of every doubt. It was in the fiery furnace of old doubts that it was formed from the dross-purged truth of the past, while our dead teacher fed the flame until truth, passing that way, saw her own face in the metal that had he gathered and molten.

Among the servants of that truth, so long as it has a sheet of paper and a stickful of type, will be found *The American Homœopathic Observer*.

CARL MÜLLER.

Letter from Switzerland.

SOME NEW APPLIANCES IN SURGERY.

The following extracts are from a letter of Th. Bruckner. M. D., of Basle, Switzerland, to Dr. E. M. Hale. Dr. Bruckner is the translator of "New Remedies" into German.

"In Switzerland the prospects for our cause are very bright. The antiquated medical laws which imposed a fine on lay-practitioners for giving a homœopathic remedy to a neighbor, or for curing a poor fellow who had been given up by a regular practitioner, are going to be abolished by a vote of the people by and by in every canton of our little republic. Then we have a weekly paper which advocates homœopathy and has about 2000 subscribers. The editor, though a layman, is a very clever fellow who has much experience, particularly in the treatment of horses and cattle.

By the by, I don't know whether the treatment of complicated fractures and of sprains, lately published in our "Dorf Doctor," (Village Doctor,) is known to you. Prof. Rapp has first given an account to me, and since that time it has been pretty extensively used, and always with the best success as far as I know. "In complicated fractures where formerly amputation seemed inevitable, Prof. Rapp wraps the fractured limb in cotton saturated in *Arnica*, (and partly in *Symphytum* tincture,) and instead of cleansing the wound every day once or twice, as soon as suppuration begins to saturate the cotton, he wraps more cotton around, every day, without ever opening the bandage, and in an incredible short time these complicated fractures are healed.

Severe sprains, for instance, of the ankle are treated in the following way: Put the sprained foot into a foot bath as hot as it can be borne, and keep it there half an hour. (The water must be kept pretty warm.) Afterward wrap the limb in cotton saturated in Tr. *Arnica*, and in 24 hours the sprain is cured.

"Dr. Topfy, a very experienced surgeon and homœopathic physician, has told me that the very best means of alleviating the pain which sometimes follows fractures, after the fractured limb is well set and well bandaged is to put a sheet dipped in boiling hot water, and well wrung out, around the bandaged limb.

"Dr. Topfy pretends that the use of *tobacco* greatly retards the formation of *callus*, also that the nails of a patient with a fractured limb do not grow till the fracture is healed, so that he never removes the bandage till the nails begin to grow.—"As I have never read an account of a similar treatment in any of the American homœopathic journals, I have given you a short account of it, though I have never had occasion to try it, because such cases are generally transferred to the hospitals in cities, or a surgeon is called in."

Dr. Bruckner favors us with his photograph, which is that of a finely appearing gentleman of about 50, resembling in many features our esteemed friend Dr. Ober of LaCrosse, Wisconsin.

SOCIETIES, ETC.

Maine homœopathic medical society.—The fourth annual meeting will be held in Augusta, Maine, at the City Council Rooms on Friday, May 24th, 1870, at 2 o'clock P. M. H. B. Eaton President, L. H. Boynton Secretary.

Washington homœopathic medical society.—Victory! T. S. Verdi M. D., writes us from Washington, announcing that the following bill for charter of this society passed both houses *unanimously* on April 15th.

A bill to incorporate the Washington Homœopathic Medical Society.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that Tullio S. Verdi, Gustave W. Pope, C. W. Sonnenschmidt, E. S. Kimball, and Jehu Brainerd, their associates and successors, physicians, be, and they hereby are, made a corporation by the name of the Washington Homœopathic Medical Society, with all the powers and privileges, and subject to all the duties, liabilities and restrictions set forth in the within act.

SEC. 2. *And be it further enacted,* that said corporation may hold real and personal estate to the amount of twenty thousand dollars.

SEC. 3. *And be it further enacted,* that the members of said society, or such of their officers or members, shall have the power to practice medicine and surgery and collect their fees like other members of other medical societies, enjoying equal legal rights and privileges, within the District of Columbia.

SEC. 4. *And be it further enacted,* that the members of said society, or such of their officers or members as they shall appoint, shall have full power and authority to examine all candidates for membership concerning the practice of specific medicine and surgery, provided said candidates shall sustain a good moral character, and shall present letters testimonial of their qualifications from some legally authorized medical institution; and if, upon such examination the same candidates *without exception on account of color, shall be found qualified for the practice of medicine and surgery, they shall receive the certificate of membership or the license to practice medicine or surgery within the District of Columbia.*

SEC. 5. *And be it further enacted,* that any acts or parts of acts conflicting with the provisions of this act be, and are hereby, repealed.

Scammon Hospital.—*Hahnemann Medical College of Chicago.*
—We learn that J. Y. Scammon, one of the wealthiest and most public-spirited men of Chicago, has founded in that city a large and commodious hospital, and that he has placed it under the charge of the Trustees and Faculty of Hahnemann Medical College. A hospital staff has been organized, which will make it one of the most useful hospitals in the West. It is composed as follows :

Surgeon-in-Chief:—Dr. W. Danforth.

Consulting Surgeon:—Dr. J. S. Mitchell.

Assistant Surgeon:—Dr. S. P. Hedges.

Obstetrician:—Dr. R. Ludlum.

Consulting Obstetrician:—Dr. A. E. Small.

Attending Physicians:—Dr. C. C. Smith, Dr. D. A. Colton, Dr. F. A. Lord, Dr. E. M. Hale.

The hospital is situated on the Lake Shore, near the junction of Cottage Grove Avenue and 28th street. One of the most eligible and healthy places in the city, and on land adjoining that on which the spacious building is soon to be erected by the Hahnemann Medical College.

MICHIGAN HOMŒOPATHIC INSTITUTE.

Pursuant to a call issued April 4th, a special meeting of the Michigan Homœopathic Institute was held at the office of Dr. Charles J. Hempel, in Grand Rapids, on Wednesday, May 4, 1870. In the absence of the President and Vice President, the meeting was called to order by the Secretary, Dr. Craig, of Niles. The following members were present :

Doctors: A. H. Botsford, Grand Rapids; T. B. Benedict, Ionia; C. B. Barrett, Jr. Ionia; J. D. Craig, Niles; A. B. Coulter, Charlotte; E. R. Ellis, Detroit; F. Finster, Port Huron; E. W. Fish, Holly; E. B. Graham, Three Rivers; O. E. Goodrich, Allegan; C. J. Hempel, Grand Rapids; W. E. Jewett, Constantine; J. M. Long, Coldwater; Edwin A. Lodge, Detroit; T. B. Lamb, Lowell; G. H. McLin, Buchanan; B. F. Pennock, Fentonville; G. T. Rand, Charlotte; E. L. Roberts, Farmington; F. X. Spranger, Detroit; Joseph Sill, Kalamazoo; J. D. Taylor, Lawton; A. Walker, Pontiac; L. Younghusband, Mt. Clemens.

On motion of Dr. Hempel, Dr. Botsford was elected President *pro tem*. The meeting was then opened with prayer by Dr. Lodge.

The objects of meeting stated by the Secretary, were as follows :

1. To change the place of the next annual meeting from Flint to some place in the State more central and convenient for those who desire to attend the *American Institute of Homœopathy*, which meets at Chicago, Tuesday, June 7th. Let our Michigan meeting be immediately before or after the American Institute meeting, and at some place in Michigan not too far from Chicago.

2. Measures will be discussed and suggestions made looking to harmonious action of all the homœopathic physicians of Michigan on the University question.

Dr. Lodge then submitted the following which was passed unanimously:

Whereas, Flint, the place heretofore appointed for the next annual meeting of the Institute, would be very inconvenient for a large number of members, and it being desirable that we should meet at some point more central, and convenient for all those who will attend the American Institute at Chicago;

Resolved, That the next annual meeting of this Institute be held at Kalamazoo, on Friday, the 10th day of June at 11 A. M., being three days after the meeting of the American Institute at Chicago. (The American Institute meets at Chicago on Tuesday, the 7th of June, and will doubtless close all its important business by Thursday evening the 9th of June.)

Two other resolutions submitted by Dr. Lodge were discussed, amended, and passed unanimously as follows:

Resolved, That the secretary be requested to issue a call for a convention of all the homœopathic physicians of Michigan, to be held at the same time and place as the annual meeting of the Michigan Institute (Kalamazoo, June 10, at 11 A. M.) to take into consideration the present needs of the profession in this State; the most pleasant, profitable, and practicable modes of co-operation in advancing our interests; and the procedure to be adopted in relation to our connection with the University of Michigan, and the applications for relief to be made to the next Legislature of the State.

Resolved, That a committee of ten be appointed who shall correspond with all the homœopathic physicians of this State to induce them to attend the above convention, and unite with us in active labors for the accomplishment of the objects we have in view, and to decide upon a policy to be adopted in any application to the Legislature.

The subject of the harmonious action of the profession of the State was then discussed at length by Drs. Lodge, Craig, Graham, Lamb, Rand and Hempel, after which the President appointed a committee of correspondence as follows:

Dr. J. D. Craig, Niles; Dr. J. M. Long, Coldwater; Dr. G. H. McLin, Buchanan; Dr. C. J. Hempel, Grand Rapids; Dr. E. W. Fish, Holly; Dr. G. T. Rand, Charlotte; Dr. G. A. Robertson, Chelsea; Dr. A. Walker, Pontiac; Dr. L. Younghusband, Mount Clemens; and Dr. Joseph Sill, Kalamazoo.

The following resolution was then submitted and adopted, and Drs. Hempel, Walker, Craig, and Lodge, were elected the committee to carry out its objects.

Resolved, That a committee of four be appointed, who shall report at the annual meeting at Kalamazoo, such changes as may be necessary in this organization to harmonize present differences, and adapt the Institute to the wants of the profession at this time, so as to induce all the homœopathic physicians of the State to unite and labor with this Institute.

The minutes were read and approved, and the meeting then adjourned.

J. D. CRAIG, Sec'y.

EDITORIAL NOTES.

The meeting referred to in the above report was one of the most harmonious we have attended. Three distinct objects were present in the minds of members. 1. The necessity of a change of time of annual

meeting; for this individual preferences were waived, and the most desirable position in the State chosen, having in view the convenience of members attending the American Institute, (Kalamazoo, 144 miles from Detroit, and 140 miles from Chicago). 2. The desirability of extending the membership of the Institute. 3. The consideration of harmonizing the homœopathic profession as regards all its public interests in Michigan.

If the same spirit as was manifested on this occasion actuated all the profession in the State, they could accomplish the most beneficial results, but unfortunately we have to deal with a clique of unreasonable men. Although these persons do not represent ONE-TENTH part of the profession of the State, they are determined to "*rule or ruin*."

To-day (May 9th) we received the following *Circular*:

MONROE, Mich., May 6, 1870.

DEAR DOCTOR—Wishing to consult you, without delay, upon matters, vital to the cause of homœopathy, especially within this State, in pursuance of the power in me vested as President of the Michigan Homœopathic Institute, by the subjoined article of our By-Laws, I request you to meet me in Special Convention in the city of Jackson at Bronson's Hall on the 17th day of May, inst., at 3 o'clock P. M.; and I trust that nothing of a minor consideration will deter you from being in attendance upon that occasion.

I will add further, that the recent meeting at Grand Rapids was entirely unauthorized, therefore unconstitutional, the proceedings thereof illegal, null and void, and that they will be so held *by the present officers of the Institute*.

A. I. SAWYER, M. D.,
I. N. ELDRIDGE, M. D.,

President and Vice-President Mich. Hom. Institute.

N. B.—The following is the Article alluded to:

Article 13.—Special meetings may be held at any time, at the option of the President and Vice-President; and special meetings shall be called at the request of eight members, which request shall be made in writing and the object of the call stated.

We might criticise the language of this circular, but as that is very immaterial, we let it pass.

As to the legality of the special meeting.—The most superficial reader need not fail to distinguish between the provisions for the special meetings. Special meetings which *may* be held at the option of the President and Vice-President; and special meetings which *SHALL* be held at the request of eight members. The one provides for meetings at the discretion of the presiding officers, the other is *imperative*, providing for meetings which are not at their option. This was the intention of the person who wrote this by-law, as we know of our own personal knowledge. It was falsely charged by Dr. W. J. Calvert that this by-law had been altered after it was passed, and he insinuated that we had altered it. Proof was offered that it was adopted as reported, and printed as adopted, yet Dr. Calvert has never made the retraction he should have done.

The Secretary of the Institute thus writes:

"The statement was made in the special meeting at Detroit that the amendments as passed at Grand Rapids, and those published in the proceedings of the Institute, did not agree, and the same was repeated to me privately, although those making the

charge were willing to free me from intentional blame in the matter, but accused another member of the Institute of having mutilated the manuscript before it passed into my hands.

"As I did not then remember all the circumstances connected with the passage of those amendments, I could say no more than the proceedings were printed as I directed.

"I now recollect very distinctly that the amendments were handed to me at the meeting before they were acted on; they were read by me consecutively and passed by the Institute, and from the time I received them until they appeared in the Observer, they never left my possession, except about ten days, during which they were in Dr. Hempel's office at Grand Rapids. The member accused of making changes in them had no opportunity of doing so.

"According to my recollection and belief, the amendments as published were, word for word, as passed by the Institute. J. D. CRAIG, Secretary."

"Unauthorized," "unconstitutional," "illegal," etc., are very high-sounding phrases, and were in quite frequent use years ago by the Southern members of Congress who were at the same time planning the rebellion. Drs. Sawyer and Eldridge profess adherence to the Institute; are they acting with those who have plotted for its destruction? At the tenth annual meeting of the Michigan Institute, held at Ann Arbor, May 18, 1869, a committee was appointed to consider the propriety of chartering the Institute, Dr. T. F. Pomeroy, chairman. When Dr. Pomeroy, instead of acting for the Institute which appointed him, confederated with Drs. A. I. Sawyer, I. N. Eldridge, C. S. Eldridge, C. I. Jefferies, F. Woodruff and others in chartering a rival society to be advertised thus, "*This is the only corporate Medical Society in the State of Michigan*," was that acting in good faith? Was that *authorized, constitutional and legal* under the Michigan Institute?

Drs. Sawyer and Eldridge fear that their prerogatives have been infringed upon; how do they regard the rights of others? They quote the by-law 13; but does that vest them with power to issue notices for any meetings? Art. 4 of By-Laws makes it the duty of the Secretary to "*give notice of ALL meetings*." Now, which will be "*illegal, null, and void*," the special meeting, where every requirement of the by-laws was respected, or a "special convention," called *irregularly*?

If Dr. Sawyer and friends cannot act with the majority of the homœopathic physicians in the State, and labor for the interests of the Michigan Institute of Homœopathy, then let them dissolve their connection with it and work with the minority in the seceders' faction. Is there any propriety in the profession of interest in the Michigan Institute and furnishing aid and comfort to its enemies? What *special* benefit will it be to the Michigan Institute to have a special meeting of the Michigan Institute at Bronson's Hall, May 17th, and the first annual meeting of the seceders' society *at the same time and place*?

What has the rival society to commend itself. Formed by some half a dozen factionists at a secret meeting, how can it become a State society? It publishes the names of 14 members, but some of these declare they never signed its constitution and by-laws.

The eleventh annual meeting of the Michigan Institute of Homœopathy will be held at Kalamazoo, Friday, June 10th, 1870, and a convention of all the Homœopathic physicians of the State at the same time and place. We want harmony. Let us harmonize on true principles. "*First pure, THEN peaceable*."

E. A. L.

Scammon Hospital at Chicago. The Hospital staff has been organized. This is to be attached to Hahnemann College — particulars on page 307.

June meetings.—Pennsylvania Hom. Soc. at Erie June 3d and 4th.

American Institute of Homœopathy, at Chicago, June 7th.

Vermont State Homœopathic Society meets at Montpelier, June 15th.

Michigan Homœopathic Institute, at Kalamazoo, June 10, at 11 A. M.

Homœopathy in the University of Pesth, Hungary.—Dr. Zemply Moskoity and Dr. D. Argenti are the candidates for the chair of homœopathy at the University in Pesth, Hungary, where the legislature has just passed the law creating such a chair, as the magnates (nobility) in Hungary were nearly all in favor of it. There are more than twenty homœopathic physicians in Pesth, and all through Hungary homœopathy is steadily progressing.

The Society for the Spread of Homœopathy in Wurtemberg, Germany, consists now of more than 400 members. At their third anniversary in Stuttgart, they disseminated the popular pamphlet "The Truth in Medicine." Steps are now taken for the founding of a chair of homœopathy at the University in Tuebingen.

Asiatic Cholera.—U. S. Consul at Zansibar reports 15,000 deaths from cholera in six weeks.

Mexican Homœopathic Institute.—A medical society has been formed in Mexico under this title. The object of the Institute is to discuss and to study homœopathy, and to procure its progress as well as of all other medical branches; and for that purpose the establishment of colleges and periodicals, as well as of homœopathic dispensaries, will be among the duties appertaining to the society. Officers elected August 18, 1869, are: President, José Ping y Monmany; Vice-President, P. P. y Perez; Secretary-General, P. Fuentes y Herrera; Adjunct-Secretary, Guillarmo Hay; Treasurer, Julian Gonzalez; Honorary Presidents, Drs. José Braulio Sagaceta, Mariano Omedes de Viela, Antonio Medina, Pascual Bielsa, Francisco Perez, M. Gomez, Rafael Navarratte, José P. Hidalgo, Francisco Aguilar, Manual Aguas, P. Gomez.—*Reforma Med.*, March, 1870.

France.—By special authorization of the Emperor and Empress, and under their protection, a homœopathic hospital has been founded at Ternes, near the hospital Beaujou. This

hospital will be under the direction of Drs. Serand, Simon, etc.—*Reforma Med.*, March, 1870.

The hospital at Paris is at last *au fait accompli*, and on Hahnemann's birthday it was fully inaugurated with the customary ceremonies. It is under the supervision of the sisters of St. Vincent de Paul, and among its medical staff we find the well-known names of Perussel, père et fils, Chancerel, Jahr, Simon, Desterne, Rafinesque, etc.—*Hahnemannisme*, March, 1870.

Saxony.—Dr. Carl Heinigke has been elected Lecturer on Homœopathy, at the Poliklinik of Leipzig, Saxony, and will hold a course of lectures during the summer term of the University. Physicians and students are cordially invited to attend.—*A. H. Z.*

Dr. Lorbacher begins to edit a popular journal on homœopathy. Publisher, Dr. Willmar Schwabe, Leipzig. We feel the more the need of such a journal in Germany, as with the death of Dr. Lutze, his popular "*Flying Leaves*" will probably cease to exist.

REMOVALS.

Roberts.—Dr. C. G. Roberts, from Coventryville, to Greene, N. Y.

Grasmuck.—Dr. L. Grasmuck, from Weston, Mo., to St. Charles, Mo.

Strong.—Dr. D. O. K. Strong, from Owasco, N. Y., to Milford, Del.

NECROLOGICAL.

Sir James Young Simpson, M. D.—On May 8th, 1870, the cable announced the death of this distinguished physician. He will be remembered as the discoverer of chloroform as an anæsthetic.

LOCATIONS.

Michigan.—Alpena, Alpena Co. Population 4000. Write to S. S. Carpenter, Esq., at Alpena. A young homœopathic physician who is skilful in surgery can do well here.

Saranac, a flourishing town in Ionia County, 133 miles from Detroit, on Detroit & Milwaukee railroad. A well-qualified practitioner can do well at this place.

Errata.—In article on causes of sex in May No.

P. 230, 4th line, before paternal, read "*to the*."

P. 230, 8th line, read *enunciated* instead of enumerated.

P. 296, last line but one, for Bromine read *Bromide*.

FROM KENTUCKY.—Dr. S. T. Purcell writes: "I regard the *Observer* as a model monthly. Its short, clear, succinct articles present a perfect mirror of the various shades of opinion of a liberal profession; nevertheless the journal is itself eminently conservative. Every homœopathic physician should take it, and bind it as a book of reference."

SCARLATINA.*

Its prevention by Belladonna and Carbolic Acid ; Their success and mode of use.

BY GEORGE MOORE, M. D.,

Licentiate of the Royal College of Physicians of London.

INTRODUCTORY.

Scarlatina* is now prevailing to an alarming and increasing extent, and there is every prospect of a still higher mortality, for some months at least to come. The occasion appears to be one which may be justifiably seized to force on professional and public attention in what direction, and by what means, an attempt should be made to preserve the healthy, and to localize epidemic outbreaks. Were a vigorous and simultaneous attack made, by energetic and competent men, upon the disease in its numerous hotbeds, there can be but little doubt, if any, that many lives would be saved, and the scourge soon extinguished. Holding this opinion, I herein put forth certain suggestions, which are based partly on the records of past epidemics, and partly on pathological considerations. "Preventive medicine" has now the opportunity of gaining fresh laurels, and evoking a new response of public gratitude.

Prevalence and Mortality.—The Epidemic of 1868-69, in London, may be stated to have commenced in July, and subsided to some extent in the following February. During this period of 33 weeks, the total number of deaths from scarlatina amounted to 2,550. From February to April the mortality differed little from that of a non-epidemic period ; but since April, the Registrar-General's returns have shown a gradual and steady increase, week by week, until, in the week ended October 2, the deaths reached the alarming number of 238.

For the week ended Oct.	9,	. . . . .	216
"	"	" 16,	. . . . . 224
"	"	" 23,	. . . . . 233
"	"	" 30,	. . . . . 229

For the four weeks ended October the 30th, the total deaths reached the large number of 902.

Up to October 30, the Registrar-General reports as follows:—

"During the last thirteen weeks, 2347 deaths from scarlet-fever have been recorded in the metropolis. In the spring, and

*Scarlatina is scarlet-fever, and scarlet-fever is scarlatina. Scarlatina is not mild scarlet-fever, and scarlet-fever is not severe scarlatina. In point of fact, these two names denote the same disease, and do not denote, as the public erroneously believe, different degrees of severity.

during the early summer, the mortality from this disease was not unusually high, but in the month of August the deaths exhibited a considerable increase, and since that period the epidemic has prevailed with great severity."

Last year, there were 800 deaths in the seven weeks in October and November, when the disease was most fatal. In the seven weeks ended October 2 last, the deaths were 1.231. Hence, as the *Lancet* of October 9 justly remarks, "It is quite clear that the metropolis is being visited with an epidemic of scarlet-fever of the most serious description."

The returns for the years 1863-68 will give the reader an accurate knowledge of the deaths from this disease, both in epidemic and in non-epidemic periods. Thus, taking London only, the deaths were 4955 in 1863, 3244 in 1864, 2179 in 1865, 1892 in 1866, 1438 in 1867, and 2838 in 1868. The year 1863 was signalized by the largest death-rate from scarlatina that has occurred since the existing system of registration came into operation.

In 1868, the deaths from scarlatina in each 100,000 of the living population in the six chief districts into which the metropolis is divided, were 91 in London, 122 in the West Districts, 83 in the North, 107 in the central, 84 in the Eastern, 75 in the South.

In the same year, the deaths from scarlatina per 1000 deaths from all causes, amounted in these districts respectively to 39, 55, 36, 45, 33, 33. It would thus appear, from these two sets of statistics, that the disease was more rife and fatal in the West and Central Districts, which are inhabited by the affluent, than in those which are stocked by the poor.

If we now turn to the country at large, and examine the returns for the *ten* years ended 1860, as they are given in the Registrar-General's "Supplement to the 25th Annual Report," we shall be able to realize how extensively scarlatina prevails, how fatal is its stroke, and how urgently every effort is required to curtail its ravages.

In these ten years, the total deaths from all causes in males under five years of age were 916,882, and in females 789,701; those from scarlatina at the same age were 54,565 in males, and 51,242 in females. In other words, there were 59 deaths from scarlatina in males, and 64 in females, to 1000 deaths from all causes annually.

In the same decennium, the total deaths at all ages from scarlatina amounted in males to 84,310, and in females to 82,122. Of the male deaths, there were 54,565 under the fifth year, or 64.72 per cent.; 22,070, or 26.17 per cent. between the fifth and tenth year; 5997, or 7.01 per cent. between ten and twenty; 1406, or 1.66 per cent. between twenty and forty; and 272, or 0.30 per cent. from forty upwards. Of the deaths in females, 51,242, or 62.40 per cent. occurred under five; 22,107, or 26.92

per cent. between five and ten; 6695, or 8.15 per cent. from ten to twenty; 1795, or 2.02 per cent. from twenty to forty; and 283, or 0.30 per cent. from forty upwards.

The results may thus be tabulated:—

Total deaths from Scarlatina in the Years 1851-60.

All ages,	In Males. 84,310		In Females. 82,122
0—5.....	54,565 =	64.72 per cent.	51,242 = 62.40
5—10.....	22,070 =	26.17 “	22,107 = 26.92
10—20.....	5,997 =	7.01 “	6,695 = 8.66
20—40.....	1,406 =	1.66 “	1,795 = 2.02
40 and above.....	272 =	0.30 “	283 = 0.30

As far as this table shows anything, it shows that more male than female children under five years of age die of scarlatina, and that from ten to forty the deaths are greater in the latter than in the former sex. We must not forget, however, that the numerical result must vary with the relative number of each sex in a given locality visited by the disease.

Table showing the average annual number of deaths of males and of females from scarlatina, at certain ages, to 1,000,000 of each sex, living in England, of those ages, in the years 1851-60.

(From Registrar-General's Supplement to the 25th Annual Report.)

Ages.	Males.	Females.
0—5	4311	4071
5—10	1985	1998
10—15	461	528
15—20	146	154
20—25	67	79
25—35	39	48
35—45	30	51
45—55	20	19
55—65	15	14
65—75	10	11
75—85	8	9

This table shows that the disease is more fatal to males than to females under five; that the mortality is nearly equal in both sexes between five and ten; that, from ten up to forty-five, females suffer in excess of males; and that after the forty-fifth year, the death-rate in each sex is almost evenly balanced.

Origin and History.—Dr. Copeman says:—“I have lately had reasons, indeed evidence, for the following inferences:—1st, That scarlatina was originally a disease of the horse; and that it formerly occurred, and has even recently occurred, epidemically, or as an epizooty among horses; 2d, That it was communicated in comparatively modern times from horses to man; and, 3d, That it may be, and has been, communicated also in the dog.”*

*Dictionary of Practical Medicine, vol. iii. part 2, p. 797.

A tolerably familiar acquaintance with comparative pathology renders me very sceptical respecting the soundness of these conclusions. There is a disease described by many veterinary writers presenting symptoms not unlike those of human scarlatina; but no facts are given, nor do any exist, to warrant the belief that it is transmissible to the human subject. The matter, however, is a most interesting one, and well merits rigorous investigation.

Ingrassias, in 1556, was the first to note the difference between scarlatina and measles, the two diseases having been confounded anterior to that date. Subsequently, the epidemics which raged in various parts of the Continent and of England were described under names suggested by the throat symptoms, such as *angina maligna*, *phlegmonous angina*, *pestilential affections of the throat*, *Fothergill's sore throat*. Sydenham called it "febris scarlatina;" Heberden, "febris rubra." Withering first described the distinctions between scarlatina and measles.

Nature and Propagation of the disease.—We know, on the authority of Sir B. Harwood and others, that scarlatina can be inoculated into healthy children by means of the fluid from vesicles sometimes present along with the ordinary rash. Dr. Copeman met with a case where the patient was inoculated with a small portion of the discharge from the throat of a person ill of malignant scarlatina, and had the disease in its worst form. Miguel de l'Amboise transmitted the disease by inoculating with infected blood.

These facts, and the manner in which the disease spreads from one individual to another, and from one place to another, render it almost a matter of certainty that the essential cause of scarlatina is a virus consisting of solid, non-volatile germs, which are endowed with life and toxical individuality, whereby, when they gain admission into a healthy organism, they rapidly multiply, contaminate the blood, and excite the various phenomena of the specific disease. They reproduce germs of their own nature, and not those of any other disease. This disease-causing virus is discharged in incredible amount from all parts, organs, tissues, and fluids of a diseased body—from the skin, the throat, the bowels, the kidneys, etc. The breath; the discharges from the nose, mouth, throat, and ears; the perspiration; the urinary secretion; the evacuation from the bowels, are all loaded with the virus, and are the vehicles of its dissemination.

When the body of a patient in the desquamation stage is uncovered, or the hand pressed to and fro over the skin, in the direct rays of the sun, powdery scurf, scales, and layers of detached cuticle are seen to float in the air as an impalpable dust, ready to be blown into the adjacent house or street with the slightest puff of wind, and to be deposited upon articles of clothing or furniture in the room. Each particle of this dust is a virus carrier. The atmosphere, therefore, is one medium of scat-

tering the disease; but there is reason to believe that the virus does not retain its vitality in the air for any lengthened period. Sewers and cesspools are also media, when the excreta from a diseased person are poured into them without the previous use of an antiseptic. Blankets, bed and body linen, curtains, feather-beds, etc., impregnated with the virus, are frequently the source of infecting healthy persons. They may be the means of carrying the disease into an uninfected district, far removed from the infected centre; and they may, when folded up or stowed away, preserve the virus for an indeterminate period of time. When they are again used, and the virus is set free, an outbreak of scarlatina is the consequence, provided the individuals exposed are susceptible subjects. The materiality of the virus may be judged of from the circumstance that there are good reasons for believing that it has been sent by post in letters hundreds of miles away. Cabs, omnibuses, railway-carriages, etc., are additional carriers and sources. So, too, a person may not take the disease himself, and yet may carry it long distances to others. It is not at all unlikely that the virus is preserved, fostered, and revived by contact with decaying organic matter, and with the gaseous products evolved when that matter is undergoing decomposition, as well as by an alliance with insanitary conditions generally, such as dirt, over-crowding, re-breathing foul air, defective ventilation, etc.

The relation which these remarks on the nature of the contagious principle of scarlatina bear to the means which should be adopted for the limitation of the disease, will be obvious on reference to the succeeding proposals for the employment of carbolic acid as an antiseptic.

Causes.—The exciting cause has already been shown to be a specific virus.

The predisposing causes are those which confer an aptitude, or a peculiar bodily condition which is indispensable to the operation of the virus. This aptitude is annihilated, as a rule, by a single attack, which ever afterwards protects the individual from a second seizure. There are, however, many exceptions.

The liability is greatest from early infancy up to adult age. The majority of cases occur between the eighteenth month and the fifth year; it is then also that the deaths are most numerous.

The sexes are attacked in about equal proportions, except that, after the adult age has been attained, women sicken more frequently than men; this is, doubtless, because they are more exposed to the virus when nursing their affected children.

The disease is most rife in temperate climates.

It prevails at all seasons; in England, especially in autumn.

Typical Scarlatina.—1. *Invasion Period.*—Between the reception of the virus and the outbreak of febrile symptoms, a period

called* the term of incubation intervenes varying from a few hours to several days. The first symptoms are lassitude, depression, loss of appetite, thirst, aching in the limbs, and shivering. These are soon followed by soreness of the throat, pain and difficulty in swallowing, tenderness at the angles of the jaws, and stiffness of the neck. The throat is found to be red and congested, and the tonsils swollen. The pulse is full, and much quickened; the skin hot and parched; the face red and puffy; and the tongue covered with white fur, except at the tip and edges, where it is red. There are more or less frequent vomitings. Drowsiness occurs in some cases, sleeplessness in others. Delirium commonly comes on at night, when the patient is restless, and tosses about. Convulsions, especially in teething children, are not unusual, but are not the necessary precursors of a malignant attack. The bowels are usually confined, rarely smartly relaxed, and the urine is scanty and high-colored. These symptoms have a duration of from twelve hours to three or four days prior to the appearance of the rash.

2. *Eruptive Period.*—The rash consists of small, bright-red points, which are generally confined at first to the sides of the neck. These points quickly increase and extend, until the entire surface of the body is covered with a uniform or a patchy redness, which disappears under pressure, and quickly returns when pressure is removed. The appearance of the skin is likened to that of a boiled lobster—a vivid scarlet, with a smooth surface. The eruption is at its height on the third or fourth day from the onset of the attack, after which it gradually subsides and fades away.

During this stage, the temperature, tested by the thermometer being placed in the armpit, ranges as high as 105° F.; it usually declines to the normal standard when the eruption begins to subside. The throat symptoms also increase. The entire surface is swollen, and of a bright-red color. The uvula and tonsils especially present this condition to such a degree, that the tonsils meet in the middle line, with the uvula pushed in front of them. Patches of exudation are noticed at the openings of the follicles, or there is a layer spread uniformly over the glands. Sometimes the increased secretion of the tonsils does not escape, but is retained, and sets up an abscess. Slight ulceration is occasionally met with. The glands at the angle of the jaw are tender and swollen. The tongue looses the fur of the early period, and becomes deep-red, dry, glossy, and dotted with elevated points—a condition which has been compared to the surface of

*In some cases the latent period may be as brief as a single hour. This I know by a somewhat severe experience. In New York I was called in consultation with a medical friend to see a little girl who was dying from scarlatina in a damp basement room. I was well when I went into that room, felt sick before I left it, went home and was obliged to go to bed; scarlatina symptoms developed rapidly, a slight eruption of the skin, ulcerated sore throat and fever of a typhoid grade. This sickness lasted nearly two weeks.

a raspberry. Loss of appetite and thirst persist. As a rule, the bowels are inactive. Breathing is quickened, and snoring and impeded if the tonsils and neck-glands are much tumified. The pulse keeps high, but falls with the temperature. During this stage especially, complications are apt to set in.

3. *Desquamation period.*—Peeling of the skin begins between the fourth and ninth day from the onset of the illness. The quantity depends upon the extent and severity of the rash. When the rash has been slight, the desquamation is scanty; when the former has been copious, the latter is abundant. Where the skin is thin, it gets covered with a scurf, which is thrown off as a fine powder; where the skin is thicker, there distinct scales of various sizes are detached from the fingers, hands and feet; where the skin is the thickest, large flakes or strips of dead skin peel off. The hair, too, falls out more or less abundantly; more rarely the nails even are cast. This process of shedding lasts for a period varying from eight to thirty days. The internal skin likewise loses its superficial layer; visibly that of the tongue, which, in its denuded state, looks bright-red and feels tender. Under favorable circumstances, restoration to health advances with the gradual subsidence of these symptoms.

Such, then, is a brief descriptive sketch of an ordinary and regular attack of scarlatina in its normal form—the symptoms, general and local, presenting no great degree of severity, running a regular course, and leaving no dregs behind.

Various deviations, however, from this type are met with in different epidemics, and also in the same epidemic, not only in different persons, but even in different members of the same family. Brevity compels me to omit a detailed account of certain peculiarities in the character, extent, duration, and decline of the eruption, which have been observed in special instances; and therefore I must at once pass on to a brief consideration of the irregular types of the disease and of the more usual complications and consequences occasionally encountered as deviations from the ordinary form.

Latent or Masked Scarlatina.—Dr. Copeman states that he has seen cases of severe dropsy caused by the scarlatina virus acting on the kidneys, to the exclusion of other organs. The characteristic rash and sore throat were conspicuous for their absence. Such cases have been met with in families and localities where scarlatina prevailed.* Dr. Graves mentions that he once attended a young lady who nursed her sisters when they were ill from scarlatina, and who was seized, after they were convalescent, with the dropsy, but not with any of the other symptoms of that disease.

Scarlatina without eruption.—Many authors relate cases of this kind, where children have imbibed the virus from an infecting source, and have either exhibited the fever, sore throat and

*Medical Dictionary, vol. iii. part 1, p. 673.

other symptoms of the disease, *sine* rash, or have sunk from collapse, convulsions, or coma, before the chief symptoms have had time to appear. It is not unusual, in the case of adults, mothers especially, who have anxiously nursed stricken children, to find them prostrated with the constitutional symptoms, but without a particle of eruption.

Scarlatina Anginosa.—This is, in short, an exaggeration of the typical form already described; the febrile excitement is greater, and the local affections more severe. The fauces and pharynx are intensely red, and the tonsils considerably enlarged, and overlaid with patches of whitish-gray lymph. The throat affection is so violent as to obstruct swallowing and impede breathing. The mischief spreads from the throat along the Eustachian tubes into the inner ear. The eruption is unusually early or late in its appearance, faint or vivid in hue, and apt to recede suddenly. This recession of the rash may be but temporary; if it is not so, internal complications are imminent. The patient has a burning skin, excessive thirst, and delirium towards evening.

Malignant Scarlatina.—This is the most severe, the most rapid, and the most fatal of all the forms. It either manifests from the first a distinctly low typhoid character, especially in certain epidemics, and in constitutions naturally feeble or damaged by unwholesome surroundings; or it appears as the climax of the last described variety. It begins with languor, depression, and chilliness, followed speedily by intense heat of the skin, severe frontal headache, frequent vomitings, and perhaps purgings, stiff neck, sore throat, flushed and bloated face, suffused eyes, restlessness and anxiety, quick and small pulse, etc. The urine is at first whitish, and subsequently yellow, from admixture with biliary matter, or dark-colored from the presence of blood pigment. The throat is much swollen, dusky-red or livid, and lined with ash-colored or blackish exudation, or with sloughs covering gangrenous ulcers. The glands at the angles of the lower jaw become swollen, painful, hard to the touch. The throat externally, the neck and even the front of the chest, are also swollen, to such a degree as to threaten suffocation. A thin, irritating, offensive discharge runs from the mouth and nose. The odor of the breath is horribly fetid. The eruption is dark-colored, and often mottled. The inner ear is attacked, and an offensive matter runs from the external passage. Muttering or loud delirium, lividity or sudden disappearance of the rash, blackness of the fauces, insufferable fetor of the breath, sunken and lustreless eyes, offensive bloody evacuations voided involuntarily, feeble failing pulse, labored breathing, hiccup, and insensibility follow in rapid succession, and death inevitably, in such cases, soon closes the painful scene.

Complications and Sequelæ.—The complications are the prominent local lesions which arise during the course of the disease,

and the sequelæ are the consequences which remain after the violence of the disease has exhausted itself. The severity and locality of both depend upon various circumstances, such as the type of the epidemic, the constitution and age of the patient, the particular line of treatment adopted, etc.

The following are the chief:

1. *Otorrhœa*.—Discharge from the ear proceeds either from the external passage, and is then of little moment, or from the inner ear, in which case it indicates extension of ulceration from the throat, and may give rise, within a longer or shorter period, to death of bone, incurable deafness, paralysis of the face, and abscess of the brain.*

2. *Inflammation of the bronchial tubes*, or of the substance of the lungs.

3. *Gastro-enteritis*, characterized by vomiting, purging, tenderness of the abdomen, along with distension, bloody stools, etc.

4. *Abscesses*.—These may occur in different parts, but especially at the back of the mouth, causing difficulty of swallowing, stiffness of the neck, return of food through the nose, difficulty of breathing, and perchance instant suffocation when they burst.

5. *Head affections*.—Delirium, convulsions, and coma occur at any period of the attack. Convulsions followed by death occasionally take place in the early stage. I was once called to a child in whom a severe fit was succeeded by insensibility, labored breathing, upturned eyes, squinting and death. The skin was hot, and the pulse high, but there was no rash, and, as far as could be ascertained, no sore throat. The only other child in the house was convalescing from scarlatina.

6. *Rheumatism*.—This usually crops out towards the fifteenth day. Feverish symptoms reappear, and one or more joints are painful and swollen.

7. *Glandular Swellings*.—Swellings of the glands under and at the angle of the jaw often seriously and fatally complicate the disease, especially when accompanied, as is often the case, with œdema and diffuse inflammation of the cellular tissue of the neck.

8. *Dropsy*.—This is one of the most common sequels. The urine is scanty, smoky, and albuminous. There is some febrile excitement, and subsequently a collection of serum in the cellular tissues of the face, hands, feet; all over the body; and in the serous cavities.

PREVENTION.—Numerous means have been proposed and tried from time to time for the preservation of healthy persons from scarlet fever. For instance, Sims recommended rhubarb in doses sufficient to produce one loose evacuation daily; Kreysig and Selig advised calomel; Theussink calomel and antimony; Eichel,

* A friend of my own lost his son, aged 19 a promising student at Cambridge, from this cause. He had an attack of scarlatina when a child, and ever after had a running from nose ear which was not considered of sufficient importance to require attention.

emetics, followed by diaphoretics. The mineral acids, camphor, capsicum, etc., have been advocated by others. Withering, taking it for granted that the virus of the disease enters the body by the nose and mouth, recommended sneezing, hawking, spitting, and puking.

Respecting each and all of these plans as well as of others that it is unnecessary to mention, the same assertion may be safely made—namely, that there is no evidence whatever in their favor as preventives.*

Smallpox inoculation, by means of which a milder and more manageable form of disease is communicated to a healthy person than in the ordinary way by infection or by contagion, naturally suggested inoculation with the virus of scarlatina, in the hope that a modification of the disease could be produced artificially. It has been demonstrated that scarlatina can be introduced into a sound body by inoculating with the blood, the secretion of the throat and the fluid sometimes met with in certain forms of eruption of the skin; but the discovery has not yet been productive of any practical good, because the inoculated disease is just as severe as if it had been "caught."

Belladonna.—As a preservative agent Belladonna was first proposed and employed as a preservative from scarlatina by Hahnemann, the German physician, who promulgated the homœopathic system of treatment. During an epidemic of this disease at Königsbutter in 1790, he found that Belladonna rendered valuable service in the first stage. He had anticipated that the drug would exercise a beneficial action as a remedy, from his knowledge of its power to excite symptoms analogous to those of scarlet fever. He discovered that it had a preservative property also. One of four children in the same family was taking Belladonna for a joint disease; it escaped the raging epidemic of scarlet fever, whilst the other three were attacked. Some time later, three children fell ill of the disease, Belladonna was at once administered to other five in the same house who were freely exposed to the contagion: the result being that all five escaped scot-free. Hahnemann met with numerous other striking instances of exemption during the same epidemic when this prophylactic was given. His knowledge and experience on this important matter were subsequently given to the profession and the public, in his pamphlet on *Scarlatina*. Twenty years later, he was practising in Leipsic, and had the peculiar satisfaction of finding his original discovery claimed by some of his neighbors, and his own previous investigations coolly ignored.

The evidence confirmatory of the correctness of Hahnemann's views in respect of Belladonna protecting from scarlet fever, has largely increased since the publication of his treatise in 1801. A portion of this evidence will now be placed before the reader.

*Dr. N. L. North, of Brooklyn, N. Y., says he has used the hypophosphite of soda successfully.

Each and every witness will be summoned for what is commonly called the "allopathic" ranks of medicine, so that the bias, if there be any, is not likely to be in favor of Hahnemann's teachings.

The following is an extract from a letter, signed "M. D.," which appeared in the *Times* of October 20 last:—

"The effects of belladonna, when administered in small doses during the attack, is not to arrest its course, but by its influence on the brain and (on the) nervous system, it fortifies the system against the worst action of the poison. The symptoms become milder, less prone to assume a malignant form, and even when this has set in, so modifies the influence of the poison, that the patient passes through the disease safely."

On the principle of giving honor to whom honor is due, it is necessary to state that Hahnemann was the first to point out, in 1790, the great value of belladonna in this disease; and that since then his observations have been confirmed by a large number of physicians in Europe and America. "M. D.," therefore has been anticipated in his discovery.

Hufeland, one of the greatest heroes of medicine, says:—"It is to me a great pleasure to be able to confirm, by new observations, the prophylactic powers of belladonna in scarlet fever; each year (since the subject was first broached) has brought with it a large number of corroborative cases. In my own practice, I have on several occasions used the remedy, and I have never seen one of those who used it in the proper manner affected by the disease."* In 1826, he published a work on the subject containing an account of all the experiments that had been made up to that time, and giving to Hahnemann the credit of the discovery.

Bloch administered belladonna to 270 children, and he found that, although the type of the epidemic was most malignant, no child who had taken the drug for ten or twelve days was attacked with the disease.

M. Bayle, who was not a "homœopath," gives in the "*Bibliothèque Thérapeutique*," tome ii. p. 583, an account of the investigations that had been made up to the time he wrote (1830) into the preservative properties of belladonna against scarlet fever. He says: "The following is a resumé of the different trials:—

"In 1812, a fatal epidemic reigned in the district of Hilschenbuch, in the duchy of Berg; 8 persons died of it; 22 were ill. Schenck administered belladonna to 525 persons; 522 were preserved. The three who were attacked were a mother and her three children, who had taken the medicine four times only. Hufeland and Rhodius gave perfect immunity to all the individuals to whom they had administered this substance, in several very violent epidemics. . . . Umhrbeck of Demmin obtained the same success during seven years, in which he had frequent

*Hufeland's Journal, 1825.

opportunities of having recourse to this treatment. . . . Gumpert, physician at Posen, preserved his 4 children and 20 families, amounting to about 80 individuals; 2 persons were however, attacked; in one the belladonna had been used some days only—in the other, the disease appeared in the second week. Gumpert (senior) prevented the introduction of the epidemic into several villages, by administering the medicine continuously at the proper time. He remarked, that in those where the epidemic had already appeared, the employment of this substance rendered the scarlatina very mild. In the district where he practises, the public have as much confidence in it as in vaccination, and the local authorities are ordered to furnish this medicine gratis. In the very fatal epidemics of 1817, 1818, and 1819, Brendt, physician at Custrin, made use of two preparations of belladonna. With one he preserved *all* the subjects; with the other he obtained the following results:—Out of 195, 14 were attacked, and 181 preserved. The eruption was very slight among the small number of those who contracted the disease. One of the authors whose observations are the best calculated to prove the prophylactic efficacy of belladonna, is Dr. Dusterberg, of Warbourg. In three consecutive epidemics, this practitioner preserved from contagion all the individuals who made use of the remedy, although they were allowed to visit and keep company with the sick. He therefore regards this practice as certain a prophylactic as vaccination. To be more certain of his results, Dusterberg made a still more conclusive experiment; he chose, in each family submitted to the prophylactic treatment, a child who has not taken belladonna, *all the children* thus excepted were attacked by the contagion. Dusterberg adds, it is true, that several other children, who had used the medicine for four or five days only were also attacked, but so feebly that the only trace of the scarlatina was the subsequent desquamation. In 1820, during the course of a very fatal scarlatina, Bahr, physician at Bernbourg, gave the specific to 47 individuals; among these, 41 escaped the contagion, and 6 were attacked, but in an almost insensible manner. Twenty-three children, out of 84, were attacked with scarlatina in the Military Foundling Hospital of Halle, in Tyrol. Zeuch, physician to the establishment, gave belladonna to the 61 remaining; all were preserved, with the exception of one; and meanwhile the epidemic continued to rage in the environs of the hospital. Kunstmann found belladonna always efficacious, with the exception of one case; he, however, remained in doubt upon the subject until the following trial confirmed his belief; he administered the remedy to 70 children of the Institution of Frederick, of which he is physician; 3 were attacked, 67 preserved. One other child, who had not been submitted to the trial, was violently attacked.”*

The total number of cases mentioned by Bayle as having

*Quoted from Black's Principles and Practice of Homœopathy, p. 36

been subjected to trial, amounts to 2527; the result being that 1948 escaped, as the following table shows:

By whom Belladonna was given.	No. of persons who took it.	No. of persons attacked.	No. of persons who escaped.
Schenck,	525	3	522
Rhodius,	7	0	7
Masins,	5	0	5
Gumpert,	84	2	82
Berndt,	195	14	181
Bahr,	47	6	41
Kohler,	7	1	6
Wolf,	132	6	126
Schenck,	3	0	3
Benedik,	10	0	10
Zeuch,	61	1	60
Kunstmann,	70	1	69
Genecki,	94	8	76
	170	0	170
Maisier,	70	4	66
	300	20	280
Velsen,	247	13	234
Total,	2027	79	1948

Stievenart gave it to 200 persons during an epidemic near Valenciennes, and all escaped the disease.*

Irwan gave it to 250 children during a severe epidemic in South Carolina; of this number only 6 took scarlet fever, and but very mildly. Those families that did not take belladonna had the disease with scarcely an exception.†

Newbigging gave it to 69 children when the disease broke out at John Watson's Hospital, Edinburgh. Only three were attacked, although 22 cases had already occurred. He states that he had no faith in the prophylactic, notwithstanding "the report made at the Orphan Hospital of Langendorf, in Prussia, in a family of 160 individuals, where, belladonna having been administered immediately on the occurrence, only 2 took the disease." He adds, "I should now consider it my duty to lose no time in making use of this medicine on the first appearance of this disease, and I would strongly recommend the same plan of practice to those of the profession who are connected with similar educational institutions."

Waring, in his "Manual of Therapeutics," says, "The weight of testimony is decidedly in favor of its preventive action; but farther observations are required." And he adds, that "as a remedial agent in scarlet fever, belladonna appears to be undoubtedly a valuable remedy."

Many other facts, pointing in the same direction, could easily be brought forward; but the above must suffice.

*Churchill's Diseases of Children, p. 690.

†Condie's Diseases of Children, p. 441.

On the other hand, it is only just to mention, that a few instances have been advanced where belladonna had appeared to exert no preventive influence whatever. Salzer, Hildenbrand, Condie, M'Kee, Balfour, Wood, and Begbie are prominent amongst those who consider the prophylactic virtue of belladonna as not proven, or as disproved; whereas Copeman,* Sir Thomas Watson, Newbigging, Guernsent, Blacke, Rilliet, and Barthez, without pledging themselves to a final verdict for or against it, advocate its employment.

With respect to the alleged failure of belladonna, Bayle, the author of a previous quotation, remarks:—

“All authors, however, are not partisans of belladonna. Lehmann asserts that this medicine had no preservative virtue in the epidemic of 1825, at Torgo. According to Barth, two other physicians, Raminski, and Tuffel, have also pronounced against it. *We cannot justly appreciate the value of the opinion of these authors, because it is supported by no facts, and the disease has not been described.* Could it not be possible that the affection treated by these practitioners was not the true scarlet fever, but rather the purple military fever, from which belladonna, according to Hahnemann, affords no immunity?”

On the same point, Dr. Dudgeon, in his valuable “Lectures on Homœopathy,” says:

“In the few allopathic experiments which gave a contrary result, and seem to indicate little or no protective power on the part of belladonna, the failure may, I am convinced, in many cases, be accounted for by the doses of belladonna having been extravagantly large, administered at improper intervals, combined with other drugs, or not perserved with sufficiently long, and by the epidemic in which the prophylactic was employed, in some cases it may be in proper doses, not having been the true smooth scarlet-fever of Sydenham, for which only, as Hahnemann always insisted, was belladonna the prophylactic.”

A critical examination of the evidence on each side of the disputed point leads to the conclusion that the testimony for this power of belladonna outweighs that against it. The most valuable procedures of practical medicine are based rather upon strong probability than upon rigid demonstration. What may fairly be claimed for belladonna is, that it stands alone amongst a host of other means which have been proposed as preventives, in being supported by proofs of overwhelming number and force. The alleged efficacy of emetics, of rhubarb, and of several others pretended preventives, cannot be substantiated by the same array of names and figures as have been advanced on behalf of belladonna.

*This writer admits, with apparent reluctance, that “it is possible that belladonna by its irritant and alterant effects, may render the system insusceptible of the scarlatinal infection,” etc.—*Medical Dictionary*, vol., iii. part 1, p. 690.

Considering, therefore, the weighty testimony in favor of belladonna, we should throw aside all preconceived notions, and place threatened persons in the way of receiving those benefits from its administration as a prophylactic against a fatal and widespread malady, which the records of medicine show it to have conferred in past epidemics. Unless this be done, no medical man, and no parent can conscientiously say to himself, that the resources of medical art have been exhausted in the attempt to check the spread of this dreadful scourge.

Mode of using Belladonna.—Hahnemann, as we have already said, was the first to use this drug in the developed disease, in the year 1790. He was lead to employ it in accordance with the therapeutical rule, that *similia similibus curantur*. Physicians of both the homœopathic and the allopathic schools have since that period amply confirmed the justice of his recommendations. Some of the latter sect, however, have inadvertently omitted to record their obligations to the original discoverer of the curative value of the drug, although they usually associate his name with its prophylactic property. Many experimenters have deviated considerably from his directions as regards not only the mode in which the prophylactic preparation should be made from the extract, but also the manner of its administration. As failure, or unsatisfactory results, may follow from such a course, and as there is no proof extant against Hahnemann's plan, it is evidently a matter of prime practical importance to prepare and employ the drug as he proposed.*

*The publisher has, at my request, prepared the prophylactic according to Hahnemann's formula.

*The following are Hahnemann's directions for the preparation of the Belladonna preventive: E. A. L.

"In order to prepare this remedy for preventing the infection of scarlet-fever, we take a handful of the *fresh leaves* of the *wild belladonna* (*atropa belladonna*, Linn.) at the season when the flowers are not yet blown; these we bruise in a mortar to a pap, and press the juice through linen, and immediately (without any previous purification) spread it out scarcely as thick as the back of a knife, on flat porcelain plaster, and expose it to a draught of dry air, where it will be evaporated in the course of a few hours. We stir it about and spread it again with the spatula, so that it may harden in a uniform manner until it becomes so dry that it may be pulverized. The powder is to be kept in a well stopped and warm bottle.

If we now wish to prepare from this the prophylactic remedy, we dissolve a grain of this powder (prepared from well preserved belladonna extract evaporated at an ordinary temperature) in one hundred drops of common distilled water, by rubbing it up in a small mortar; we pour the thick solution into a one-ounce bottle, and rinse the mortar and the pestle with three hundred drops of diluted alcohol (five parts of water to one of spirits), and we then add this to the solution, and render the union perfect, by diligently shaking the liquid. We label the bottle *strong solution of belladonna*. One drop of this is intimately mixed with three hundred drops of diluted alcohol by shaking it for a minute, and this is marked *medium solution of belladonna*. Of this second mixture one drop is mixed with two hundred drops of the diluted alcohol, by shaking for a minute, and marked *weak solution of belladonna*; and this is our prophylactic remedy for scarlet-fever, each drop of which contains the twenty-fourth millionth part of a grain of the dry belladonna juice."

The following Table will show at a glance his rules for dose according to age:

Under 1 year,	. . . . .	1 drop.
At 1 year,	. . . . .	2 drops.
1 to 2 "	. . . . .	3 "
At 3 "	. . . . .	4 "
" 4 "	. . . . .	5 to 6 drops.
" 5 "	. . . . .	6 to 7 "
" 6 "	. . . . .	7 to 8 "
" 7 "	. . . . .	9 to 10 "
" 8 "	. . . . .	11 to 13 "
" 9 "	. . . . .	14 to 16 "

From 10 up to 20, 2 drops are to be added to the last-mentioned dose for each year of age.

From 20 to 30, the dose is 40 drops.

One dose to be given every third day, during an epidemic, and for four or five weeks after its cessation.*

Carbolic Acid as an Antiseptic.—But whilst it would be unwise to underrate the practical value of such a well-accredited preservative as belladonna, we should not neglect the use of agents which have a direct action upon the virus itself. Given a substance capable of destroying the virus, and assuming its thorough application wherever the disease breaks out, we deduce the speedy subsidence of an epidemic. The potential thing which creates disease would be annihilated, and that forever—unless the doctrine of spontaneous development be true—unless scarlatina virus can be produced anew by the concurrence or combination of deleterious forces and elements. At the present day, this doctrine finds less favor with respect to scarlatina and its analogues than the opposite doctrine; namely, that the disease is perpetuated by the reproduction of its specific virus from a previously-existing stock.

Whilst the cattle plague (rinderpest) was raging in this country, many interesting experiments were made to ascertain in what way its ravages could be checked, and more especially to discover chemical agents which would destroy the virus of that pest. The researches of Mr. Crookes, to whom the last-mentioned part of the investigation was intrusted, are recorded in the "Third Report of the Commissioners appointed to inquire into the Origin and Nature, etc., of the Cattle Plague." He was led,

*Many homœopathic physicians who object to giving alcoholic dilutions to patients, have used globules medicated with 1st, 2d, or 3d dec. dil. of Belladonna, and their success has been good. For a child from 1 to 5 years of age, five globules are given every night; from 5 to 10 years ten globules night and morning; over 10 years, ten globules night and morning. This mode of administration is simple, satisfactory and successful.

from his numerous researches, to conclude that sulphurous acid* and carbolic acid are the only agents which have the property of destroying the virus of rinderpest, and presumably of analogous viruses peculiar to human maladies of the zymotic class. On this subject he makes the following remarks:—"In dealing with the cattle plague, it is possible to try testing experiments of a nature wholly inadmissible when human beings are concerned; and thus it is feasible to suppose that, from the lessons derived from this pestilence, we might obtain insight into means of preventing, or even curing, zymotic diseases. Thus the theoretical views, experiments and results recorded in the preceding pages, possess an interest beyond the immediate sphere of cattle plague. They point forcibly to the possible prevention and cure of all zymotic diseases which attack the human race, and thus possess a far wider and more momentous significance than if they related only to cattle."

The first to point out the devitalizing property of Carbolic Acid on viruses, was Dr. Lemaire, in his work entitled "*De l'Acide Phenique*," etc., published in 1863. He proved that the three viruses of equine glanders, of cow-pox, and of sheep-pox, fail to communicate these respective diseases when admixed with carbolic acid.

For the reasons given above, it appears to be reasonable to expect that scarlatina virus can be destroyed by this agent. A thorough trial at the hands of the profession and the public should no longer be delayed.

In the *Practitioner* for February last, Mr. Beardsley, of Grange, Lancashire, gives some interesting facts, which confirm the belief, that in Carbolic acid we possess a powerful means of arresting the spread of the disease when it breaks out; and in a note, dated October 10, with which he has favored me, he states that he is "daily more convinced of its efficacy in the prevention of scarlatina."

To check the spread of the disease.†—Each case makes a fresh supply of virus, and is a centre from which the disease extends. By fixing and destroying the virus, the chief purpose of prevention is gained.

As soon as the disease breaks out in a house or school, it is advisable, as a rule, to remove the rest of the children from the premises, to isolate the patient from the healthy, and to prevent communication, as far as possible, between the sick-chamber and other parts of the dwelling.

Belladonna should be immediately given to every person, child and adult, according to the directions already furnished to the reader. Carpets, bed-curtains, window-hangings, and every-

*Sulphurous acid does not admit of being utilized in human practice to the same extent as carbolic acid, and therefore no reference is made to it in this place.

†These instructions are a modification of those proposed by Dr. Budd, in the *British Medical Journal* of January 9, last.

thing else likely to receive and retain the floating virus, should be removed at once. The air of the room should be charged, from time to time, with a solution of Carbolic acid (one drachm to the pint of water) broken into spray with the hand-ball spray-producer ; by which means the germs of the virus in the atmosphere will be readily attacked. A sheet, steeped in a stronger solution, and occasionally moistened afresh, should be hung across the door on the outside.

The discharges from the mouth, nose, and ears, should be removed with a rag, which should be burnt, if there is a fire in the room ; and if not, thrown into a vessel containing the solution. Linen and bed clothing should likewise be soaked for some hours in the same fluid as soon as they are removed from the patient's body, before they are taken out of the room to be washed.

The discharges from the bowels, etc., should be treated with the solution, as soon as they are voided, and the drains and sinks should be thoroughly flushed, at least once a day, with plenty of water, containing a proportion of the acid.

Mattresses, pillows, and beds, should be disinfected by exposure to heat in ovens used for the purpose, or, in default of these, by placing them in front of a blazing fire.

The nurse should wear a dress made of washing stuff, and should wash her hands in water medicated with Carbolic acid soap, whenever she touches the body or clothing of the patient. Food, etc., should be brought to the sick-room by another attendant.

The skin demands special attention as soon as the eruption begins to fade, and peeling commences. Dr. Budd suggests anointing the surface with olive oil, twice a day, until the patient is well enough to be washed all over. But a better plan is to wash the body from the first, bit by bit, with water and Carbolic acid soap. Let the nurse wash and dry the legs first, then the front of the body, then the back, then the legs, and so on, until the whole body is cleansed. The flannel used to wash with should be burnt, and the dirty water have added to it a proportion of strong acid. This washing should be done daily. Afterwards the surface may be thoroughly washed in a warm bath every day, or every other day, until the skin recovers its healthy condition, when all danger of communicating the disease may generally be regarded as past.

The last thing to do is to wash and scrub the floor, woodwork, furniture, etc., of the sick-room with warm water and the antiseptic solution and soap ; to lime-wash the ceiling and paper or white-wash the walls.

No. 3 Carbolic acid is the best with which to make the solutions. Half a pound of it thoroughly mixed up with five gallons of water suffices for the general purposes of an antiseptic and a deodorant. This strength should be employed for sinks, water-

closets, drains, etc.; for washing infected clothes, dresses, bed and body linen, and for sprinkling upon beds and mattresses. A solution one-third weaker than this, consisting of a half-pound of acid to fifteen gallons of water, is the most suitable to sprinkle on the floors, of schools, hospitals, workhouses, barracks, etc., when an epidemic prevails within the building.

The No. 1 acid is the purest preparation, and is specially fitted for use in the sick-room, from the odor of the acid being almost imperceptible. One ounce to a quart of hot water makes a saturated solution, which, after agitation and filtering, can be reduced in strength according to the purpose for which it is required. The discharge from the patient's nose, mouth, ears, etc., should be removed with a cloth damped in a solution made by mixing one part of the saturated solution with four parts of water. One pound of the *crystals* mixed with about five pounds of wet sand, and placed in shallow vessels in different parts of the sick-room and other parts of the house, is a convenient mode of impregnating the air with the volatile emanations from the acid.

The "disinfecting powder" contains 15 per cent. of acid, and is put up in perforated canisters ready for use. A pound of it in a bucket of water may be used instead of No. 3 acid for purifying drains, closets, etc. A quarter of a pound in the same quantity of water makes the proper solution in which to wash infected linen and clothes. As the acid is evolved from this powder, the atmosphere may be effectually and safely purified by placing the powder on shallow dishes in different parts of an infected house; a fresh quantity of powder being supplied once a day. For lime-washing walls and roofs, add a pound of the powder to each bucket of lime-wash.

The Carbolic acid soaps are handy means of using the anti-septic. The best quality, which contains 20 per cent. of acid, is well adapted for cleansing the patient's skin during the desquamation stage of scarlatina; the "household soap," for washing infected clothes and linen; and the "soft soap," for washing floors, walls, furniture, etc.

Pure Carbolic acid acts as a caustic when applied to the skin, and it has occasioned fatal results when swallowed. Consequently, if not used under medical supervision, it should be secured under lock and key. The solutions herein recommended are free from danger when employed as directed.

Remarks on treatment.—Scarlatina is a blood disease, and therefore attended with symptoms of prostration. For this reason, the first rule of treatment should be not to do harm. Leeching, emetics, purgatives, are all contra-indicated. They were formerly much resorted to, and with bad results; even at the present day they are employed oftener than is necessary. So, too, the more physicking a child gets, the more likely it is to die, and the more likely are untoward complications to arise, and troublesome sequelæ to follow.

In the simple form of the disease, the medicines required are *Aconite* and *Belladonna*, given alternately, as long as the feverishness continues, and even after the rash has disappeared. Under ordinary circumstances, the case runs a regular and benign course, and no ill consequences remain. There is no evidence that any drug, or any combination of drugs, can cut short an attack; but there is abundant evidence that an attack can be controlled by art aiding nature. These two remedies are especially suitable for typical scarlatina, when the skin is bright red, shining, and smooth.

In the miliary form, when the eruption is dark-colored and mingled with small vesicles, and when therefore the skin is rough to the touch, *Belladonna* is of less service and the best remedies are *Aconite* and *Coffea* alternately.

These two forms of the eruption should be carefully noted, as an important difference in the treatment hangs on the discrimination of them. Both are observed in the same epidemic, and even in different members of the same family.

Where the eruption recedes and returns simultaneously with the diminution and increase of the feverish state, *Gelseminum** has been found of much value, especially when the type of fever is not of a highly inflammatory character.

Where the throat is much affected, dusky red, and swollen and when this state is associated with external swelling of the neck *Apis* often proves of essential service, either alone, or if necessary, alternately with occasional doses of *Aconite* or of *Gelseminum*.

The ulcerated condition, which is of such serious portent, requires *Mercurius solubilis*, or the *Iodide* or the *Biniiodide* of *Mercury*. My preference is given to the latter, in the majority of cases.

Arsenicum is one of the most valuable remedies when prostration of strength comes on, and also when the breath is offensive, and the ulcers in the throat assume a livid color.

In the malignant form, Dr. Chalmers believes that *Ailanthus glandulosa* promises to be a valuable remedy, and he reports, in the [*British*] *Monthly Homœopathic Review* for last December, several cases in which it appeared to act well.

There are several other remedies which have been successfully employed to meet special symptoms, but they are omitted, as are also those for the sequelæ, because my chief object is to enforce preventive measures, and to give a mere outline of the treatment suitable for the more common symptoms.

Local applications are, according to my experience, imperatively called for when the throat is ulcerated. Unless a disinfectant, such as *Permanganate of potash*, or an antiseptic, such

* *Gelseminum* is useful in repercussion of the eruption. It determines to the surface promptly. Usual dose: five drops of first decimal dilution to quarter pint water, a teaspoonful every quarter of an hour until the eruption appears freely, then less frequently.

as *Carbolic acid*, be applied, the patient's blood is further contaminated by re-breathing an atmosphere loaded with virus, and by the virulent and fetid secretion from the ulcerated surface being absorbed. It may be necessary to employ these two drugs in the same case, from time to time, according to existing conditions. Both are best applied by means of the spray-producer.

ADDITIONAL NOTES.

Baptisia tinctoria has not been recommended for scarlatina in our text books, but it is deserving of special attention. Typhoid scarlatina is better controlled by *Baptisia* than any other remedy I have used. Where the ulcerations of the throat are extensive, and there is great fœtor of the breath the remedy will act promptly. It meets the following symptoms: nausea followed by vomiting; inflammation of the tonsils; diphtheritic ulcerations; dryness and soreness of the tongue; tongue coated at first white with reddish papilla here and there, followed by a yellowish brown coating in the centre, the edges being red and shining; slight delirium; burning heat of face; oppressed respiration; dysenteric evacuations; scalding, high colored urine; continued fever; great prostration. I have used this remedy in typhoid fever and scarlatina in tincture form only; to little children 5 drops in quarter pint water a teaspoonful every hour. To adults 5 to 20 drops administered in the same way.

Some physicians regard diphtheria and scarlatina as one disease; we may not agree to this, yet we find many cases of diphtheria with an eruption resembling scarlatina and these yield to treatment adapted to scarlatina. In these instances there is no exfoliation of the skin. *Phytolacca*, which is so useful in diphtheria, is frequently of much service in the ulcerated throat of scarlatina.

E. A. L.

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK, EDITOR.

PROGRESSIVE MUSCULAR ATROPHY.

BY DR. DA SILVA, LIMA.

A gentleman, 33 years old, sound, and of good constitution, was attacked with colicky pains, followed by a paralysis of the right thumb, and a wasting of the muscles of the right palm. During the time when the colicky pains continued, the atrophy attacked by degrees the muscles of both forearms, and our patient soon found it impossible to extend the fingers with pronate forearm, and writing was therefore out of question. He felt in the atrophied muscles prickling pains and trembling motions, and observed also cramps in his lower extremities. Iron, Nux-vomica, Strychnia, Iod. kalium, electricity and salt-baths were used in vain. 1868 showed a partial atrophy of the muscles of the

hands and fore-arms, and of the biceps, brachialis, and pectoralis, and a perfect atrophy of the deltoidei. The thumbs and index fingers could not be stretched; the upper-arm could only perform rotation and adduction. The voice was very weak, the respiration oppressed, the sleep disturbed by nightly neuralgic pains, the appetite lost. With every progress of the atrophy, the colicky paroxysms become unbearable. Electricity, Strychnia and Cod liver oil had been continued, and he was therefore put on Arsenic, in the form of Fowler's solution. After its use for five or six weeks, the neuralgic pains decreased. Patient went in the beginning of May to take sea-bathing, from which he returned greatly improved, so that the abduction of the right arm was again possible. By and by, all pains ceased, the arms became more free and easy in their motions, and after a year's steady employment of Arsenic, Nux-v., and cod liver oil, the patient could be considered perfectly cured.

Meryon's theory, that Arsenic will be of benefit in progressive muscular atrophy, from its well-known beneficial action on morbid processes of assimilation, seems to find confirmation by such cases as we have here before us.—*Gaz. Med. de Bahia*, 1869.

Our own homœopathic literature is very poor in this disease, and the only two authors who treat of it, are Hughes, who recommends Belladonna, and Grauvogl, who considers it a constitutional disease, which may be removed by Argent-nitr., when resting on a carbo-nitrogenous constitution of the body, or by remedies like Natr.-sulph. or Thuja, when based on sycosis, etc.; for he remarks truly, that in the selection of a remedy we have not only to observe the single symptom, but we have to examine closely the generalities and the conditions, which may have caused them.

FOUR CASES OF APHASIA.

1. A very intelligent lady, pregnant 8 months, took during the forenoon a very hearty lunch of *indigestible* food, and complained during the afternoon of dullness in the head with some nausea. She had company to dinner, and as she wanted to address some of the company, she found to her terror that she could not pronounce the right word, which was clear enough in her mind, but the tongue refused to utter it. Before the physician could do much for her, she was all right again.

2. A young lady, daughter of case No. 1, was at a party, where she regaled herself with sweatmeats, candies, and other confectionaries, and returned home apparently well, when she felt herself suddenly attacked by inexpressible anguish; she thought she would get crazy, because she could not utter the word which she wanted to speak; speaking she pronounced teeking, murmuring to herself: what—will—I—say. After taking a little soda water, the whole passed off as quickly as it came; and in neither case was there ever a return of it.

3. Trousseau relates a case where a physician was obliged to keep his bed on account of a sore on his legs. After over-exerting his mind by reading, he suddenly found that he could not understand any more what he read; he wished to call somebody to his room, but found that he could not speak, although he could move the extremities and the tongue in all directions. He was bled, but speech returned before the bleeding was finished.

4. A man, 60 years old, suffered from Morbus Brightii. During a game of whist, speech suddenly failed him, but returned quickly after applying leeches to the anus.

We see in all these cases manifestations of acute cerebral hyperæmia, disturbing temporarily the functions of those organs in the brain, which preside over the faculty of speech, produced in the first two cases by indigestion, in the other two cases by mental excitement. Which part of the brain may be affected, authorities are still undecided.—*Wiener Med. Wochenschrift*.

TYPHOID FEVER.

BY E. H. DRAKE, M. D., DETROIT.

I notice in the March No. of the *Observer*, a communication from Brooklyn N. Y. a brief detail of the symptoms of a case of typhoid fever, which had a fatal termination in consequence of hæmorrhage from the bowels. The writer thinks the case extraordinary, and evidently was surprised at the unfavorable result. As he desires an opinion from others, I feel at liberty to criticise his treatment, and offer some suggestions. I think first the doctor was mistaken in regarding it as a mild case.

I should have regarded the symptoms "*ab initio*" as portending evil; as indicating a serious depression of the vital forces; and wholly agree with the editorial remarks on that point. It

seems to me the case was one characterized by venous congestion of the abdominal viscera; and especially of the portal system. The case may not have been connected in any way with malaria; yet it very closely resembled cases that are often witnessed in malarious districts. The question we should first try to decide is: what is the source of the profuse discharge of blood? Does it come from ulceration of Peyer's glands? I think not, but from the capillary veins. But whatever may have been its source, it was evidently venous.

The treatment adopted in my opinion, was not well chosen. It is well known that *Rhus* does not meet, in the west, the expectations in the treatment of typhoid, that the physician looks for, judging by the almost indiscriminate laudations placed upon it, by European and some American practitioners. So far as my experience goes, it is worthless in cases characterized by cool skin, and slow pulse. But in cases where the pulse is frequent, and the *calor mordax* prominent, with nervous erethism, etc., it is valuable. *Phosphoric acid* would have done well in the beginning; but after the hæmorrhage set in, *Hamamelis* and *China* should have been given. The former especially, has proved uniformly successful with me in controlling the discharge of blood from the bowels, in typhoid, and so promptly that in most cases not another evacuation has taken place. I was led to use it, from its known action upon the nervous system; as well the capillaries as larger trunks; and its known efficacy in venous hæmorrhage from other organs, especially in hæmatemesis. When the loss of blood has been great, I have usually alternated it with *China*, to counteract the effect of such loss upon the system.

With your permission I will briefly detail two somewhat different cases.

CASE I.—Nov. 13th, 1866, Was called to see Miss P.—aged 16, found she had been complaining of languor and debility for some days; headache, thirst, tongue somewhat dry and brown in the center, skin moderately hot; pulse 120, diagnosed typhoid fever. Patient got *Bryonia* and *Belladonna* mostly for five days, with light diet; bowels constipated, no tenderness over abdomen which was slightly distended. The case seemed to be going on well, when about 12 o'clock in the night of the 18th, I was sent for in great haste; on arriving, found the attendants much alarmed; the patient had used the vessel, and discharged

at least three pints of dark venous blood. She was now pale and exhausted; the surface cool, and bathed in profuse perspiration; pulse feeble, 160 per minute. It was evident that she would sink from another such passage. Gave *Hamamelis*, 10 drops in 2 oz. water, in alternation with *China* 1st dec. 10 drops in 2 oz. water, a teaspoonful every half hour. Next morning found she had no more passages; pulse 120, skin quite natural. The same remedies were continued at longer intervals, with suitable diet. The patient had no more hæmorrhage, nor any passage for 8 days; she made a rapid recovery, took no other medicine, and was dismissed on the 29th.

CASE II.—Mr. W.—was taken on the 20th of March 1868, with pain in bowels and some diarrhœa, “felt very weak,” this continued for 3 or 4 days, when I was called to see him. Found him a large strong man; bilious temperament. On inquiring what the trouble was, said he was *bilious*. Of fifty people applying for medical assistance in this city or state, 49 will declare they are bilious, so firmly have the allopaths impressed upon the community the idea that the liver reigns supreme in the organism, and is always at fault; and this is done as an excuse for their ever present “blue pill,” or calomel. If a person has taken a late supper of chicken salad etc., and finds the next morning a bad taste in the mouth, and *general badness*, he is “bilious.” No matter what the cause, bilious is in every bodies mouth, and uppermost in their thoughts. I sometimes wish the term was expunged the language; for it is an excuse for cathartics in some of the multitudinous forms of “bilious pills”; or the eternal blue-mass. And this was the case with this patient. His pulse 120, skin rather dry, and hotter than normal, tongue coated a whitish yellow, with considerable thirst, stool 6 times in 24 hours yellow, thin. I will not detail the treatment up to the time of hæmorrhage. He got Bryonia, Colocynth, Baptisia, Rhus and Mercurius for 14 days. Diarrhœa was controlled during the first few days, and the case seemed to be going on well, though a severe one. There was much sordes and heat of skin (*calor mordax*) with slight tympanitis. During the night of the 14th day he had occasion to use the stool, when he passed as near as the attendant could judge, a quart of blood, and in about 4 hours, half as much more, soon after this last passage I saw the patient; found him very much alarmed and excited, pulse rapid and feeble, skin cool and clammy; Abdomen more typ-

anitic; prescribed *Hamamelis* θ and *China*, 1st dec. in alternation, as in case one. Had one slight discharge of blood after commencing the medicine. This case continued two weeks after the hæmorrhage and was obstinate; but there was no more discharges of blood from the bowels, but they remained much distended and sensitive. He finally made a good recovery.

There is one important suggestion I wish to make in connection with this subject, viz: When we get the hæmorrhage stopped, and the bowels quiet, do not be alarmed if they do not move in 3 or 4 days, or even ten days, or more. Let *them alone* is my advice. Dont tease them with injections. Dont allow meddlers to make the patient uneasy, because he has no passage from them; treat the disease, and the bowels will take care of themselves.

[One of our patients, convalescing from typhoid fever, was taken quite suddenly with hæmorrhage from the bowels; the first discharge was about one quart. *Hamamelis* θ , 5 drops in a little water, was administered promptly, and rest enjoined. The direction for rest was not attended to faithfully, and there occurred several returns of hæmorrhage which were controlled by the *Hamamelis* θ , and the patient was soon restored to usual health.

Several interesting cases of *Melæna*, cured with *Hamamelis*, are reported in NEW REMEDIES, 2d edition, pp.498-500.

E. A. L.]

Aletris in Vomiting of Pregnancy, by N. M. Payne, M. D., Dover, N. H.—I have had my attention called to this disease by different articles in the Observer, and I cannot neglect the opportunity to advise every physician to prescribe *Aletris farinosa*, tincture, 5 to 20 or more drops to a dose; this may seem a very large dose, but I have seen the best results from such doses. This medicine never has failed in my practice to act promptly in alarming cases.

I should state, that all other remedies known to me, and that I can find published failed to relieve the vomiting until I gave *Aletris farinosa*. I got this from Prof. Hale's "New Remedies," page 58, which has been worth more to me than the price of the whole work.

The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

The Physician.—"What is your notion of the true physician?" asked a medical professor to a student, to which the latter replied: "He is an unfortunate gentleman who is every day called upon to perform the miracle of reconciling health with intemperance.

Obesity.—An obese French lady, complaining of her frightful tendency to *embonpoint*, says: "I am so fat that I pray for a disappointment to make me thin. No sooner does the disappointment come than the mere expectation of growing thinner gives me such joy that I become fatter than ever."

A wandering aurist and oculist whose skill in the use of language is just about on the par with his capacity in his profession, advertises that persons afflicted with deafness may *hear* of him at—, every Monday morning, where blind persons can also *see* him from two to five o'clock P. M.

Mrs Winslow's Soothing Syrup.—Mrs Stanton says, she don't believe there is a Mrs. Winslow, and says that the syrup "compounded by some ignorant man in whiskers, broadcloth and boots, who lives and fattens on his ill-gotten gains, while babies are sent by the hundreds to untimely graves or made idiots or lunatics for life."

Hallucination.—A French physician has been experimenting on guinea-pigs with absinthe. He finds that it gives them "nervous fits and hallucination." What the hallucinations of a guinea-pig may be is not described.

Palmar pulse.—A new physiological discovery has been made by a young man—namely that the pulse of young ladies generally beat stronger in the palm of the hand than at the wrist. As to more elderly females, even little boys know by experience that the palm of the maternal hand beats awful strong.

Jenner.—The difference between the followers and the opponent of Jenner. The one are vaccinators and the other are vaccine-haters.

Jimtritis.—A telegram, in announcing the death of a prominent person, was made by the operator to say that the gentleman had been taken with Jas. Treatise. This unfortunate gentleman had died of *gastritis*.—*Louisville Journal*.

Cured?—A physician boasting at a dinner that he cured his own hams, one of the guests remarked: "Doctor, I would rather be your ham than your patient."

Fresh Cold.—Theodore Hook once remarked to a gatekeeper, who was hoarse, "So you havn't recovered your voice yet." "No, sir," was the answer, "I've caught a fresh cold." "But why did you catch a *fresh* one?" asked Hook; "why didn't you have the old one *cured*?"

American Homœopathic Observer.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR.

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FIAT JUSTITIA—AN EXPLANATION.

In the first number of the current volume of the *Observer*, we published some comments upon "A Contribution to the Study of Human Milk" which tended to make that paper appear like a huge—you know what vegetable tailors are so fond of. Well, we have re-read those comments, and we must acknowledge that the aforesaid *contribution* does shockingly resemble a vulgar "cabbage."

Now if there is a deeper depth, a sub-cellar in—well, you know where they're forever proving crude S. O.²—it is pretty certain that simon-pure plagiarists go *there*; and in the spirit of such a theological dogma we would punish such offenders.

We wrote the comments mentioned with sincere regret that one of our school should have subjected himself to even the suspicion of such a meanness. In view of the histological history

of the genesis of milk, that is the gradual development of that history, it must be confessed that the author of the *Contribution* had challenged the suspicion of those who did not know him.

We have before us a letter from Dr. T. F. Allen, wherein the disagreeable feature of his *Contribution* is satisfactorily explained; and we call attention to it for two reasons: in simple justice to Dr. A., and to teach busy writers a lesson. The Doctor had been ceaselessly importuned to "write something" for the New York State Society's Transactions. After the day-duties at the Eye and Ear Hospital, the tiresome round of an active practice, and the soul-wearying "office hours," he sat down somewhere "ayont the twal," as Bobbie Burns has it, to write out his own investigations into the genesis of milk. Beyond consulting Virchow's Archives, and some publications of a similar nature, he neglected to read up and learn what had been done in this field. A certain amount of blame inevitably falls upon him; but a very common charity will surely make his load a light one.

It isn't "cabbage," after all; it is the honest fruit of honest seed but too hurriedly sown.

In this light, we are glad to be able to pronounce Dr. Allen's investigations such a verification of ante-cedent researches as make them a credit to his proficiency in microscopy. In regard to the "cell-wall" we deem Dr. A. at fault, the majority of observers are against his view, but even if he *is* wrong, it is merely an *error of interpretation*, and the history of Microscopy abounds in them.

Those who have never made a special microscopical study little know what an onerous task it is to *read backwards* until one has surveyed the field wherein he is about to thrust his sickle. From experiences of our own we can hardly blame the over-worked Doctor for his neglect; but behind the kindest charity remains the fact that whatever we seek to do for our profession should be, yes, must be, *our best*.

Laborare est orare—what is the true physician's life but one long prayer; his death its grand amen. O wearied fellow-laborer man may condemn thy shortcomings—the Great Beneficent will welcome thee to the infinitude of His compassion.

S. A. J.

MEDICAL ETHICS.

ADVERTISING.—A correspondent wishes to know if the following, cut from a Detroit daily paper, is a violation of the spirit of medical ethics :

"*Degree conferred.*—At the Tenth Annual Commencement of the New York Homœopathic College, held on Saturday last, a special degree was conferred upon Dr. Edwin A. Lodge, of this city.

We presume this item was gleaned from its New York exchanges, and is a matter over which Dr. L. had no control. The following, however, cut from the same source, has a different look. A printer would call it a "standing advertisement—running three months :

"Dr. L.—, Homœopathic Physician, Editor "*American Observer*," and graduate of the Homœopathic Colleges of New York, Cleveland and Chicago, and Allopathic of Cincinnati; 57 Wayne street, Detroit. Office hours, 8 to 10 A. M., and 3 to 5 P. M." 417 ja24-3m

We believe this is not a direct violation of the *letter* of our code of medical ethics. See Part II., Art. I., §3, which reads as follows: The physician should not resort to public advertisements, or private cards or handbills, inviting the attention of persons affected by particular diseases, or publicly offering advice and medicines to the poor, *gratis*, or promising radical cures. Neither should he publish cases or operations in the daily prints; nor invite laymen to be present at operations; nor solicit or exhibit certificates of skill and success; nor perform any similar act."—*Medical Investigator*, April, 1870.

DR. LODGE'S REPLY TO ABOVE.

T. C. DUNCAN, M. D.—Your editorial (p. 325 Med. Inv., April, 1870) implies that my advertisement is a violation of the *spirit* of the Code of Medical Ethics, and perhaps an indirect violation of the *letter* of this code.

Will you be kind enough in your next issue to state *wherein it offends either?*

If professional opponents have circulated reports that I never attended medical lectures, and have only an honorary degree, is it not proper that I should show the falsity of such statements and make the truth appear that I am a graduate of both allopathic and homœopathic colleges?

Allow me to direct your attention to four announcements:

1. The one you except to.—DR. LODGE, Homœopathic physician, Editor "*American Observer*," graduate of the Homœopathic Colleges of New York, Cleveland and Chicago, and Allopathic of Cincinnati; 57 Wayne street, Detroit. Office hours, 8 to 10 A. M., and 3 to 6 P. M.

2. DR. ROBT. ELLIS DUDGEON, 53 Montague Sq., W London. At home from 12½ to 2. M. D., Edin., 1841; L. R. C. S., Edin., 1839; F. Z. S.; M. D. (Hon.) Hom. Med. Coll. Miss., U. S.; Mem. Path. Soc., Lond.; Fell. Hom. Med. Coll., Penn.; Mem. Rhode Island Soc.; of the Hom. Acad., Rio Janeiro; of the Soc. of Physiol. Mat. Med. of Munich; of the Central German Soc.; of the Free Soc. of Hom. Phys., Leipsic; of the Aust. Soc. of Hom. Phys., and of the Brit. Hom. Soc.; co-editor of the "*British Jour. of Homœopathy*."

3. That of your Detroit correspondent, Dr. Pomeroy—

THOMAS F. POMEROY, M. D.,
Homœopathic Physician,
Recently of Utica, N. Y.
Residence at the Russell House.
Office, 164 Jefferson Avenue.

Dr. Pomeroy has located himself permanently in Detroit, and refers, by permission, to the following gentlemen :

Rev. Eliph. Nott, D. D., LL. D., President of Union College.
 Rev. Theodore D. Woolsey, D. D., LL. D., President of Yale College.
 Rev. C. Dewey, D. D., LL. D., President of University of Rochester, N. Y.
 John Wheeler, M. D., President of the Western Homœopathic College, Cleveland, Ohio.
 Prof. Isaac W. Jackson, LL. D., Union College.
 Rev. H. H. Dickson, D. D., Ft. Washington, New York City.
 F. F. Joslyn, M. D., New York City.
 Edward Bayard, M. D., New York City.
 Theodore Pomeroy, M. D., Utica, N. Y.
 L. B. Wells, M. D., Utica, N. Y.
 H. D. Paine, M. D., Albany, N. Y.
 L. M. Mason, Esq., Detroit.
 F. Wetmore & Co., Detroit.
 C. M. Davison, Esq., Detroit.
 Chas. Hastings, M. D., Detroit.
 N. B.—Dr. P. will give especial attention to the treatment of chronic diseases.
 jan19-2m

4. Of your Detroit correspondent's associate—

HOMŒOPATHY,
 DR. DAY,

17 Rowland street, corner State, has practiced homœopathy twenty-one years, fifteen in the city of Detroit. He makes the treatment of chronic diseases a specialty; he cured the daughter of C. Sellers of hip disease of four years' standing; also the daughter of P. R. Thompson, of ulcerated hip joint of six years' standing; also the step-daughter of Wm. Tollman, of two years' standing. He cured Charles Little's child, that was paralyzed from birth, and had not moved head nor foot at the age of eighteen months, and is now one of the strongest children of his age in the city of Detroit. William T. Mills was blind and paralyzed for two years and a half—is now perfectly well. He cures cancers. He makes the treatment of female diseases a specialty. He cures neuralgia and headache in five minutes, inflammatory rheumatism in forty-eight hours. All that are afflicted should call and see the Doctor.

Will you call *all* these advertisements reprehensible? Which is *forbidden* by the Code of Ethics, and which not?

If you will reply to these questions in your next number, you will oblige
 EDWIN A. LODGE.

Since writing the above reply to Dr. Duncan, we have received the following article from one of our professors :

Violating the Code.

I sincerely hope that all the readers of this Journal receive the *Medical Investigator*—Duncan's "go," and the combined efforts of an enthusiastic and well qualified *corps* of associates commend it to the earnest attention of every *practical* physician of our school. As the recipients, its readers can but have observed the article "*Advertising*," p. 325 of the issue for April.

As this appears in the *Editorial Department*, and in fact is chiefly the work of the Editor, I can not resist indulging in a few comments.

It is to be hoped that an inability to understand English will save Dr. Duncan from being convicted of what is otherwise a cheap, little, dirty meanness.

Has Dr. Lodge invited "the attention of persons afflicted by *particular diseases*," "publicly offered advice and medicines to the poor, *gratis*," "promised radical cures," "published cases or

operations in the daily prints," "invited laymen to be present at operations," "solicited or exhibited certificates of skill and success," or "any similar act?"

We are sure that every reader who, in his schoolboy days, had the good fortune to "bear the fardels" imposed upon the young mind by Lindley Murray, will commiserate the unfortunate Editor of the Investigator. Either Dr. Duncan is ignorant of grammar, or he deliberately attempted to charge Dr. Lodge with a direct violation of the *spirit* of our code of medical ethics.—"We believe" says his editorial "double," "this is not a direct violation of the *letter* of our code of medical ethics."

Choose your horn of the dilemma, Dr. Duncan, and like a good homœopath *profit by your experience*. Above all, never again let the profession behold the *Editor* of a respectable Journal stooping to defame a fellow editor's character, by a futile and baseless attempt to accuse him of quackish tricks. There's honor among thieves; let's have it among Editors.

In these days of—well, of sham, would it not be as well for each bona fide graduate, or bona fide recipient of a diploma, to state his qualifications in a "standing advertisement;" and when a quack comes along and publishes *his* "advertisement" and assumes to have such and such "degrees" would it not be well for the censors of each medical society to find out if these are genuine credentials and obtained legitimately? And if they are not, to publish a card warning, or at least notifying the public of *a nuisance*? It were easy to obtain lists of all the legitimate diploma holders of every medical college, and then the colleges which sell degrees would be obliged to publish their shame by *printing the buyer's name among the honest graduates*. You see, it may be possible to buy a whole faculty—you can cover forty souls of one kind with a dollar greenback—but it is not in the list of probabilities that a whole class could be purchased. I have long believed that when physicians took the trouble to teach the public to discern the counterfeits all honest men would profit by the knowledge. You say I must have great faith in human nature; so I have, and is it human nature to pay full price for a counterfeit *knowingly*? Butler's paradox

"No doubt the pleasure is as great
Of being cheated as to cheat,"

finds its tap-root in the ignorance of humankind.

A "standing advertisement" of *bona fide* qualifications is, in

this country, a somewhat infrequent measure, but considering the flood of quacks, do we not owe the public some criterion of this kind? Look at the English Registry Act with its stringent but essential provisions. There, any intelligent person is alone to blame if an "unqualified" practitioner is employed. Yet our English brethren publish cards, "standing advertisements" the *Investigator* would call them, wherein every honor is mentioned, every ornamental and useful crook or curl in the pig's tail fully delineated; and is an English M. D., with his preliminary classical culture, his extensive acquirements (not gathered in "two courses") and his profound *esprit du corps*, below the level of the *letter* or *spirit* of our code of medical ethics!

I suspect there is a rivalry between the *Investigator* and the *Observer*—I hope there is, for us readers will fare better—and it looks a little as if Dr. Duncan saw sour grapes in Detroit. Much may be forgiven a man with the gripes, and regarding Dr. D. as the unfortunate sufferer from a smart attack, I am certain the reader will grant his pardon. Having every advantage, Dr. Lodge can be magnanimous, forgiving, and truly saying:

"And you, O Polonius, you vex me but slightly!"

But the sensitive Chicago editor needs a warning which I venture to give in the words of Honest Joe Gargery—"Manners is Manners, Pip!" and rough-shod criticism is, despite its asperity

FAIR PLAY.

[Some of the suggestions contained in the above article deserve attention. The public should be shown the difference between those who hold medical degrees, and those who do not possess them; and our societies should discriminate between a man who is dubbed M. D., because he bought a diploma, and a physician who earned the honor by a long course of study. We find they both claim the same degree! One studied five years and attended three courses of lectures; the other bought a book and case, practiced a few years, then sent \$30 to a college and got his parchment. Should they be placed on the same footing? Let them be denoted differently, say, one—M. D., (*Exam.*) The other—M. D., (*Purchase.*) Another—M. D., (*Honorary.*) Can any one suggest a better plan?

E. A. L.]

THAT "OBSCURITY."—The managing editor of the Medical Investigator denies Dr. Hughes' "soft impeachment." because "the fact is this case was extracted by us from the *British Homœopathic Review!*" Just so; but, nevertheless, Dr. Hughes' "extracted," or, as he says, *rescued* it from "its obscu-

rity." You see "this case" was "cribbed," and put *in the dark*, and Dr. H., like a good Samaritan hied him to the rescue.

The managing editor has done his best to inculcate a belief in the "obscurity" of himself, if not of his sheet. for his every reader is aware that ever since he took up the quill he has been ceaselessly bawling for "light, more light!" His "damnable iteration" has led me to suspect he is the suckling mentioned by Tennyson as

"An infant crying in the night,
An infant crying for the "light,"
And with no language but a cry."

If this "infant" isn't in a painful "obscurity," then he must be crying from "pure cussedness," and won't "Therapeutic Critic" give him a dose of *oxalic acid* on the key-note.—"The more he thinks of it the worse he feels!"

MRS. GRUNDY.

Lilium Tigrinum.—Elias C. Price, of Baltimore, writes:—"I am using *Lilium tigrinum*, 2d centesimal dilution, in both anteversion and retroversion of the uterus, with marvellous effect. At some time I will report them more in detail. The provings in the transactions Am. Inst. Hom. for 1867 and 1868 both have sensation as if diarrhoea would come on, urgent desire to go to stool, cannot wait," but my patients nearly all had constipation.

Back Numbers wanted.—We will pay full price for any of the following at this office:

American Homœopathic Observer, 1864, February, March.

British Journal of Homœopathy, Nos. 1, 6, 8 and 9.

U. S. Med. and Sur. Journal, Nos. 6, and 7.

New England Med. Gazette, February 1868.

Homœopathy in Mexico. The birthday of Hahnemann was celebrated at the house of Dr. Ganzales in the city of Mexico, and the homœopathists there talk of a homœopathic college and periodical.

Women Studying Medicine. "The number at the University of Munich," says *The Pall Mall Gazette*, "increases steadily in geometric progression. Four years ago there was but one, the next year four, last year there was eight, and there are now sixteen. We are assured (it is true by a partisan of the movement) that none of the inconveniences which it was feared might arise from women being allowed to share the school with men, have at present been experienced, the classes are as large as ever, and the Dean reports that the innovation has undoubtedly improved the discipline of the school."

Colleges, Societies, etc.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The preliminary meeting to the twenty-third annual session of the Institute was held at the house of Prof. D. S. Smith, 402 Michigan Ave. Chicago, who is ranked as the pioneer of homœopathy in the north-west, and justly esteemed for his talent and generosity.

The Institute met June 7, in Crosby's Music Hall. David Thayer, M. D., of Boston, President in the chair. Prayer was offered by the Rev Dr. Kelly. Prof. Gaylord D. Beebe, chairman of committee of arrangements delivered an address of welcome, after which the President introduced the business of the session by a pleasant speech.

Sixty-one new members were admitted the first day.

Delegates were present from two general societies; 18 state societies, 52 local or county societies, 18 hospitals and asylums, 31 dispensaries and asylums, 10 colleges and 10 journals.

Dr. S. M. Cate, of Salem Mass., read a paper on "*Pathological Anatomy as related to Therapeutics*," which elicited an animated discussion.

In the evening Prof. Carroll Dunham delivered the Annual Oration to a large audience: subject, "*Freedom of Medical opinion and action; a vital necessity and a great responsibility*;" this address was well received, frequently applauded and warmly commended by the members of the Institute.

The following papers were read:

Relapsing fever, by H. D. Paine, M. D., New York.

Climatology and its relations to pulmonary diseases, D. H. Beckwith, M. D.

Ptelea trifoliata, by Walter Williamson, M. D.

Lilium tigrinum, by W. E. Payne, M. D.

Kali bromidum, by E. M. Hale, M. D.

Combined attenuations for provings, by J. P. Dake, M. D.

Homœopathic Dispensatory, by Carroll Dunham, M. D.

Obstetrics, by H. N. Guernsey, M. D.

Atrophy of mammary glands, etc., by J. C. Sanders, M. D.

Ovariectomy, by W. E. Saunders, M. D.

Hecla lava, by W. H. Holcombe, M. D.

Uterine tumor, by E. M. Hale, M. D.

At 3 P. M. on Wednesday the Institute adjourned to witness the laying of the corner stone of the new building for Hahne-mann Medical College. (A report of the speeches &c., on this occasion we hope to find room for in the next number.)

On Wednesday evening the members of the Institute were entertained at the residence of the Honorable Thomas Hoyne, 262 Michigan Avenue.

On Thursday evening a magnificent banquet was provided at the Tremont House, and we are very much gratified that wines were dispensed with, as we hope they will be at all similar entertainments of the Institute hereafter.

On Friday the session closed. The next meeting is to be held at Philadelphia on the first Tuesday of June 1871.

President, D. H. BECKWITH, M. D., Cleveland Ohio.

Vice President, J. T. TEMPLE, M. D., St. Louis.

Secretary, R. LUDLAM, M. D., Chicago.

Provisional Secretary, T. C. Duncan, M. D., Chicago.

Treasurer, E. M. Kellogg, M. D., New York.

Censors, T. R. McManus, M. D., L. E. Ober, M. D., G. D. Beebe, M. D., R. J. McClatchey, M. D., T. P. Wilson, M. D.

The Committee of arrangements provided a bountiful collation for the members in the dining hall of the St. James hotel every day at noon.

The session will be remembered as one of the most pleasant and profitable the Institute has held, and we feel grateful to the physicians of Chicago for their large hospitality. E. A. L.

MICHIGAN HOMŒOPATHIC INSTITUTE.

The eleventh annual meeting was held at Kalamazoo on Friday, 10th of June.

The University Committee recommended that an effort be made to establish a homœopathic college at Ann Arbor, in connection with the University, to lecture after the close of the allopathic course. This proposition was discussed and finally adopted unanimously. This is substantially the same measure

as the one recommended at the meeting of the Institute at Jackson three years ago, by Prof. Hempel. It differs from the extremes of filling the one chair of homœopathy in the old medical department, and the free and independent College; and we trust that all will unite upon it as an equitable compromise.

The proposition is to be submitted to all the homœopathic physicians of Michigan for approval. This is right. No adjustment of this public interest should be made, without the consent of two-thirds of the homœopathic physicians of the State.

It was also agreed to merge the newly organized State Homœopathic Society and this Institute in one body to be called the *Michigan Institute of Homœopathy*, which we hope will enter upon a new career of usefulness.

E. A. L.

HOMŒOPATHIC SOCIETY OF PENNSYLVANIA.

The fifth annual session was held at Erie June 3d. Prof. Robt. J. McClatchey delivered the annual address.

CITY HOSPITAL UTICA, NEW YORK.

UTICA, May 24th, 1870.

EDWIN A. LODGE, M. D. Dear Sir—Will you please insert in your valuable journal this slip from the *Utica Daily Journal* of May 21, 1870. The allopaths have been endeavoring to get the City Hospital, (which is now under the control of the Overseer of the poor, who can appoint *any* physician whom he may choose to, as its medical superintendant,) into the hands of a private corporation, composed of allopathic physicians, and allopathic laymen. They have endeavored to accomplish this result for several years. Having failed in other modes of proceeding, they prevailed upon a committee of the Common Council to lease it to its corporation for a nominal sum, for a term of years. Ascertaining what the programme was, I drew up the protest which I send herewith, and my colleagues signed it with me, and we sent it in to the Council. The Council asked me to address them upon the subject, which request I complied with, and the Council voted down the proposition, although it had been *favorably reported* by the *committee*. I think the publication will do good, as it will serve as a form for other protests of our physicians in other cities, where the allopaths will endeavor to gain control of public institutions.

They are now endeavoring to establish hospitals in all the towns of sufficient size in this country, with a view of forestalling us. Yours truly, WM. H. WATSON. BY L. C. W.

The City Hospital.—At the meeting of the Common Council, last evening, the proposition of the Utica City Hospital Association to take charge of the Hospital was considered and acted upon. Dr. W. H. WATSON was heard in behalf of the Homœopathic physicians of the

city. He asked that this public property be not surrendered to any medical sect, but that half the Hospital be placed under the charge of the Oneida County Homœopathic Medical Society.

After debate and several motions, the report of the committee, in favor of agreeing to the proposition of the Hospital Association, was negatived by the following vote:

Yeas—Ald. Everts, Lux, Ney, Pearson, Ross, Sayre, West and Yates—8.

Nays—Ald. Clogher, Faass, Hill, Hollingworth, Johnson, Merriman, Platter, Quinn, Wasmer, Weaver and the Mayor—11.

THE PROTEST.

We publish below, by request, the protest of the Homœopathic physicians of Utica against the Common Council's acceptance of the proposal. Following the protest, will be found the list of names appended to a similar protest, against a somewhat similar proposal made in 1868.

To the Honorable Mayor and Common Council of the City of Utica:

Whereas, On the 8th of April, 1870, a petition was presented to your honorable body, praying that the "care, use and occupation of the City Hospital be transferred and given to a board of trustees, composed of citizens of Utica," the undersigned respectfully represent that the said request should not be complied with, except upon the condition that one-half of the hospital if thus transferred to a board of trustees as requested, shall be placed in the charge of such homœopathic physicians as may from time to time be nominated for that purpose by the Homœopathic Medical Society of Oneida County.

The undersigned would make this request for the following reasons:

(1.) The majority of the signers of the petition above referred to are all allopathic in sentiment, and all of the physicians whose names are appended to the said petition are members of the allopathic profession, and there is therefore great reason to fear that should their request be granted, the hospital would, medically, at least, be placed under sectarian control. Such a result, as your honorable body will see upon reflection, would in the present excited state of the public mind, and at a time when there is such a decided opposition to the conversion of public money and property to sectarian uses, be greatly to be deprecated, as leading to a never ending and bitter sectarian strife, between the allopathic and homœopathic professions and their respective adherents in this city.

(2.) Only by imposing such a condition upon any board of trustees, to whom the care of the said hospital shall be given up, can the Council be certain of securing impartial justice in reference to its medical management, and of preventing a violation of the great fundamental American principle of "no taxation without representation." A large portion of the taxpayers of this city, who have already contributed by taxation to the erection of the said hospital building, and to whom equally, with other citizens, it now properly belongs, are adherents of homœopathy, and they are justly entitled to a voice in its management.

(3.) There are large numbers of the poor in this city who are liable to become inmates of the said hospital, and who are in the habit of employing the homœopathic practice when sick, and on this account the hospital should not be given into the control of one medical sect.

The undersigned would further present that when a similar movement was inaugurated by certain allopathic physicians for obtaining possession of the City Hospital in December, 1868, a remonstrance was

presented to your honorable body, similar in purport to the above, signed by a very large number of our most influential tax-payers, and the prayer of the petitioners was not granted. The same reason for not acceding to the prayer of the present petitioners now exists as then, and the movement is essentially the same. Moreover the whole number of the present petitioners is very small.

We trust, therefore, that the prayer of the petitioners of the City Hospital will not be granted, except with the provision above stated, in reference to the appointment of physicians thereto.

L. B. WELLS,

WM. H. WATSON,

J. C. RAYMOND,

C. JUDSON HILL,

M. M. GARDNER.

Here follows the names of 118 signers of Remonstrance.

Washington Homœopathic Medical Society.—This society was recently organized by electing the following officers: President, Tullio S. Verdi, M. D.; Secretary, C. W. Sonnenschmidt, M. D.; Treasurer, G. W. Pope, M. D.; Board of Censors, Prof. J. Brainerd, M. D., J. T. O'Connor, M. D., S. J. Groot, M. D.

The by-laws provide that the organization shall be called "Washington Homœopathic Society." Its object, "To advance medical science," etc. any person without distinction of color, can become a member and receive a license upon application to the president, passing examination, and paying \$10 annually. Monthly meetings are to be held.

Western Institute of Homœopathy.—At barely a quorum at its late meeting at Chicago a resolution was passed to merge this body in the American Institute, which union was consummated June 9, 1870.

The Michigan Central Homœopathic Society. It is reported that this society is dead.

Appropriations to Homœopathic Institutions by State of New York. By Albany paper we learn that one of the last acts of the Legislature, at its recent session, was the passage of a law appropriating \$150,000 for a State Lunatic Asylum, to be located at Middletown, Orange Co. The institution is to be known as the Homœopathic Asylum for the Insane, and is to be constructed upon the homœopathic system of therapeutics.

Another law was also passed authorizing the New York Sinking Fund Commissioners to lease, for four hundred years suitable grounds for the Hahnemann Hospital, near Central Park, in the city of New York at a nominal rent. An appropriation of \$20,000 was made toward a building fund.

The representative status of the adherents of homœopathy, in their society organizations in New York is very nearly equal to that of the allopathic school, and, as they pay a fair proportion, one-third of the taxes, it is proper that they should receive a proportionate amount of the appropriations for the support of State medical institutions; accordingly we find that the \$200,000 voted this year to homœopathic organizations is nearly one-third the total amount appropriated.

Book Notices, etc.

LECTURES, Clinical and Didactic, on THE DISEASES of WOMEN. By R. Ludlam M. D., Prof. Obstetrics and Diseases of Women, Hahnemann Medical College, Chicago, Part 1.
(Pps. 112. Price \$1, for sale by E. A. Lodge 37 Wayne street, Detroit.)

This new work on diseases of women, marks another era in homœopathic medical literature. Dr. Ludlam's well known reputation in this department will give the work all the introduction it requires. It is written in an easy, flowing style, without any of the systematic pretentiousness which mars the interest of many works on this subject. It is only equalled by the admirable didactic style adopted by Bedford and Elliot, and is altogether unlike anything yet appearing in our school, unless we may except the clinical lectures of Dr. Russel of England.

The subjects treated of in Part 1, are: Prolapsus uteri with dropsy; leucorrhœa with ovaritis; morning sickness of pregnancy with retroversion; galactorrhœa; molar pregnancy; leucorrhœa the cause of impaired lacteal secretion; too frequent menstruation in incipient phthisis; abortion with misplaced pains; amenorrhœa; uterine hemorrhage; hysteria, chlorosis, ovaritis, etc.

It comprises six lectures and each lecture includes several subjects. In treating of various disorders, the diagnosis, prognosis, pathology and treatment, are given in a brief, clear, and unmistakable manner.

The complete work will comprise five or six parts, of 96 pages each, (royal octavo) which will be issued every two or three months, until all are published.

The homœopathic profession ought to unite in patronizing this attempt to place before them the clinical treatment of diseases of women. H.

BOTANICAL MAGAZINE. *The American Entomologist and Botanist* is the title of a monthly journal, of about 30 or 40 pages, published in St. Louis, Mo. at the reasonable price of \$2.00 per annum.

This magazine is now eighteen months old, and up to this month (*April*) has been devoted to *Entomology*, but the managers, with excellent judgment, have added to it a department of *Botany*, and placed that department under the editorial manage-

ment of Dr. Geo. Vasey, of Richview, Ill., a gentleman who has long been known in the West as an eminent botanist.

The entomological editor, Dr. Riley, in the leading editorial, says :

"The two sciences of Entomology and Botany go hand in hand, they are indeed twin sisters and we have often thought, and the matter has frequently been suggested by friends, that the usefulness of our magazine might be increased by broadening and extending its sphere of operations so as to include a department of Botany." The subjects above mentioned are not treated in a dry scientific manner, but in such a popular way as to interest everybody. This magazine will now become doubly useful, and give the Botanists of the west an organ and means of communication.

E. M. HALE.

A PRACTICAL AND SYSTEMATIC TREATISE ON FRACTURES AND DISLOCATIONS, by A. Jackson Howe, M. D., Professor of Anatomy in the Electric Medical Institute. Cincinnati, Ohio: Charles F. Wiltach & Co. 1870. Octavo 424 pages, sheep binding. Illustrated with 127 wood cuts.

The author says: "In preparing this work on fractures and dislocations, I have taking the liberty of drawing from every available source of information, and have not always given credit for material employed. This omission did not arise from a reckless disposition to appropriate the ideas of others; but in an early attempt to give each author his dues, I found that A had drawn from B, and B from C, and so on, and therefore I abandoned an undertaking which at best must have been imperfect, laborious, and unsatisfactory."

This we must regard as a great defect. It were better to give more credit than could be justly claimed rather than use materials without acknowledgement.

Regarding eclecticism as a species of pioneer work for homœopathy we are ready to welcome any evidence of progress that is made by its professors. The present work has many admirable features and we trust it will meet with ready sale.

A TREATISE ON DISEASES OF THE EYE for the use of General Practitioners, by H. C. Angell, M. D., Oculist and Aurist. Boston: James Campbell, publisher, 18 Tremont st., 1870. Price \$3.00. For sale at Dr. Lodge's Pharmacy, Detroit, Michigan. 12mo., 339 pages.

The author has prepared this work for homœopathic physicians in general practice, rather than for oculists. We hope that this somewhat elaborate monograph will be followed by as well executed manuals on diseases of the ear and other specialities.

Dr. Angell has availed himself, without hesitation, of the privilege of taking and appropriating whatever he found desira-

ble in standard or periodical works, devoted to ophthalmology. Yet it is very evident that his book is not a mere compilation. Almost every chapter contains original matter of value.

As a sample of Dr. A's style, we quote the article on "Purulent conjunctivitis" from page 83.

"*Purulent conjunctivitis*, which is to be regarded only as a severer and more dangerous form of the catarrhal, is distinguished from the latter by the character and greater abundance of the secretion, the greater swelling of the lids in consequence of the serous infiltration being also sub-conjunctival, the great injection of the sub-conjunctival vessels, as well as the increased vascularity of the conjunctiva proper, the chemosis so frequently present and by the increased size of the mucous papillæ often termed granulations. One of the most practical and certain methods of determining at once whether you have a blenorrhœa or a simple catarrh to deal with, is, by the easy proceeding so long taught in the clinics of Prof. Arlt, of Vienna. The upper lid is to be everted, and if the conjunctiva is sufficiently transparent for us to see the lines of the meibomian glands running toward the eye of the tarsus, we have a catarrh, of the infiltrations is so great as to hide these glands, we have no longer a catarrh, but either a purulent, a granulated, a diphtheritic, or some graver form of ophthalmia. In purulent conjunctivitis the cornea is much more apt to become involved, and this form is, of course, more contagious."

The publisher has prepared this work with good long primer type, well leaded, and printed on thick tinted paper of a fine quality.

OHIO MEDICAL AND SURGICAL REPORTER.

Editor of this journal seems determined to misrepresent the *Observer*. He takes a sentence which occurred on our page 193 and rudely tearing it from the context makes it serve an unfriendly purpose. Another writer read our editorial correctly and says; "your article seems to hit the nail on the head. It is not that these men use high potencies, it is that they attempt to proscribe those who do not; arrogating to themselves all the wisdom, honesty and purity of the profession, and withal being foolish and blind enough to call those who do not implicitly follow their lead *illiberal*."

THE HOMŒOPATHIC TREATMENT OF WHOOPING COUGH, by C. Von Bonninghausen, M. D., translated with additions by Carroll Dunham, M. D. New York: Henry M. Smith & Bro. and for sale at Dr. Lojge's Pharmacy Detroit.

A 12 mo. volume of 199 pages bound in cloth, which we hope to be able to notice at length in next number.

Miscellanea.

PERSONAL.

Piper.—Sixteen months ago we spoke of the return of J. R. Piper, M. D., from Europe. He had been afflicted with cancer, and returned, it was hoped, cured. We deeply regret to learn that the disease has resumed its sway with such severity that he is no longer able to read or write without excessive pain. He says, "My disease has assumed formidable proportions, covering nearly the right side of face, bones coming out; all of the teeth in upper jaw have fallen out; the bleeding from it is excessive." Every reader of these pages will sympathize with the doctor in his great affliction.

MARITAL.

Merrill—Trowbridge.—Dr. Stillwell G. Merrill was married on the 31st of January last, at Augusta, Michigan, to Miss Louisa Trowbridge.

Swan—Woodbridge.—Dr. G. E. Swan was married to Miss Mary Woodbridge, at Mt. Vernon, Ohio on the 17th of May.

"Nothing can sweeten felicity itself, but love."

Woodward—Briggs.—Dr. A. W. Woodward was married recently to Miss A. Briggs, of Oakland, California.

NECROLOGICAL.

Garside.—On Monday, May 9, 1870, of consumption, Elizabeth Henderson, wife of Wm. Briggs Garside, M. D., of Brooklyn, L. I.

REMOVALS.

Hunter.—Dr. T. C. Hunter, from Bellefontaine, O., to Silver Creek, N. Y.

Talcott.—Dr. A. G. Talcott, from Silver Creek, N. Y. to Buffalo, N. Y.

Merrill.—Dr. S. G. Merrill, from Jackson, Mich., to Augusta, Mich.

Moor.—Dr. P. Moor, from Neenah, Wisc., to Cedar Rapids, Iowa.

LOCATIONS.

Bellefontaine, Logan Co., Ohio. Write to John Canby, Esq.

Knoxville, Tenn.

Cleveland, Tenn. Write to E. S. DeLany, Esq.

Fayette Co., Iowa. Write to Dr. P. Dowse, Jr., Elgin, Fayette Co., Ia.

Colored Physicians.—The "*New York Tribune*" May 9th. 1870, say.—"The medical gentlemen in Washington made up their minds on Friday that a physician who attends a meeting to which colored people are admitted, is thereby rendered unfit to attend any other sort of meeting. We beg leave to lay before the Committee on Ethics a few pertinent points. A negro physician in the estimation of these gentlemen is such a horribly objectionable person that he contaminates any association to which he or any of his associates may be admitted. Not

because he is a physician, we suppose, but because he is a negro. Well, then, why not rule out any physician who accepts negro patients? If a sound dorky is so bad, a sick one must be a great deal worse. If white doctors must only treat white patients, the colored people will want doctors of their own race. But those doctors, being refused admittance to the American Medical Association, will of course have to throw up their diplomas and commit suicide. So the colored people will not have medical attendance at all, and whenever they fell seriously ill it would be merciful and politic to poison them out of hand for the relief of their misery and the preservation of the public health. That would settle everything comfortably."

Immediate danger.—A physician was summoned in great haste, in a dark and stormy night, to visit a patient greatly alarmed at a sudden accident. On arriving, and finding the man more frightened than hurt, he turned to his attendant and requested him to run with great haste and get a certain medicine. "I hope" stammered the patient, "that there is no immediate danger?" "Indeed there is" said the doctor; "unless he returns as soon as he can, you will be wholly well before the medicine comes!"

Heroic Remedy.—Somebody is advertising throughout the country a medicine to cure everything and everybody, calling it "a heroic remedy." As a heroic remedy is so named because it will either cure or kill, we imagine the title is not well chosen.

Malpractice.—Dr. Cobel, whose alleged malpractice caused the death of Catharine Shieds, of Jersey City, has escaped trial in the New Jersey Courts because the crime was committed in New York.

Self Sacrifice.—A society, already counting more than 100 members has been formed in Paris, pledging themselves not to be buried after death, but to bequeath their bodies for dissection, so as to aid the science of anatomy as much as possible. They also hope thus ultimately to eradicate the prejudice against dissection.

Madmen for Chancery.—Lord Eldon, who recently died in London, left his whole fortune to a lunatic asylum, alleging that he had gained it by pleading in chancery, and that, therefore, it should go to the benefit of madmen, since no one but a madman would practice in a chancery court.

Mortality of Cincinnati.—From the report of the Board of Health of Cincinnati for the year ending March, 1870, it appears that there has been but one death in 69½, whereas by the last census, in the whole country there was one in 45½. The whole number of deaths for the year was 3,740.

The hour of death.—A Scientific Investigation.—In Mr. John Timbs' "Notable Things of Our Own Time," are some accounts

of the curiosities of scientific investigation—among them the following concerning the hour of death:

The subject of the hour of death (says Mr. Haviland, an eminent surgeon, in a paper read to the British Association) has occupied the attention of medical writers from the time of Aetius, who flourished at the court of Constantinople in the fifth century, up to the present date, but no practical fruit has been the result for the physician in his treatment of disease. He concluded that the time had now arrived for a thorough investigation of the facts in their possession, inasmuch as if there be any latent truth in them of importance to mankind, it is our simple duty to evoke that truth, and avail ourselves of its teachings in the practice of medicine. He remarked that the physician's duties do not cease when he has ascertained the disease of his patient, and prescribed medicine to remove it; by medicine alone the patient is not healed, he has to act upon the advice of Hippocrates, and see that those in attendance do their duty also, and in his absence watch every phase and act in the living present. But, to so direct, the physician must know each cause of change, and by his knowledge anticipate what may occur; lay down simple rules for the guidance of friends and nurses, and teach them how to watch each circumstance of disease; he must know the changefulness of our bodies in health; he must take due account of this changefulness when illness supervenes, he must know when all our vital functions are at their height; he must know when they are at their lowest ebb, for this knowledge is an almost necessary element of success in his combat with the enemy he has employed to encounter. Of late years the art of nursing has more than ever occupied the thoughts of physicians and the laity at large. We have had noble efforts made in the camp and at home to soothe the anguish of the wounded and diseased.

The author had collected over 5,000 cases of death, with the hour of death, and other circumstances recorded, which he had tabulated, and exhibited on a large chart, the difficult collections being distinguished by colored diagrams. By this chart he showed that in 1,000 cases of death in children under five years of age, the periods of the greatest mortality took place between the hours of one and eight A. M.; that an extraordinary depression took place in the succeeding hours between nine and twelve P. M., and that the ratio of mortality was at its minimum. He then compared these statistics with 2,891 deaths from all causes, and the chart showed how remarkably the wave lines of death compared with those above. He then compared these diagrams with death from consumption, which, although they showed a general resemblance in the wave line, yet between the hours 4 to 8 A. M., there was a depression when compared with the first hour hours' period. He showed that small numbers are not sufficient for a statistical truth, and

he therefore urged upon his provincial brethren to assist him in his work by forwarding to him data for further investigations of this interesting subject.

He contended that the tables on the chart proved the extraordinary mortality in the early hours of the morning when the powers of life were at their lowest ebb, and, strange to say, when the patient was most cared for. He urged the necessity of feeding and stimulating the patients at their weakest hour, so as to tide them over a critical period; and, even if death be inevitable, to so support the patient that he might at least have a few hours more of life snatched from eternity to admit of his being able to carry out his neglected duty, pardon some enemy, or see some beloved friend. He next urged upon his professional brethren the importance of teaching friends and nurses how to attend to those under their charge. He concluded by saying that the subject itself required no apology for its introduction to the association however much the mode of his treating it might. He felt convinced that it was one which had occupied the attention of many of his hearers when they had been watching hour by hour the fitful changes of disease in the persons of those dear to them, or of those to whom, as nurses, they had desired conscientiously to do their duty.

Smith's researches bear out Mr. Haviland.

Dr. Gatchell's observations have led him to the conclusion that the period for the greatest ratio of deaths is about 4 A. M.; the time of minimum temperature, electricity and moisture, when the restless fever patient so often goes to sleep.

The formerly distinguished Dr. James Johnson states in his work on tropical climates, that death most frequently occurs with the ebb tide.

WASHINGTON TERRITORY.—A CONTRIBUTION TO CLIMATOLOGY.

BY E. M. HALE, M. D.,

The following extract from a letter dated at Steitocoom, Puget Sound, Washington Territory, January 15th, 1870, gives a very favorable account of that extreme northwest portion of the United States. For a certain class of invalids, no more favorable place of resort or residence could be found. The writer says:—"The gardens are now filled with the best fruits of the climate, and a good selection of flowers, some of which, though standing out of door, were in bloom as late as the 17th of last month; since that time there has been a few days of dreadful cold weather, and ice an inch thick has been formed upon small puddles of water standing in the road; the ground

has been frozen quite as deep, but thank Heaven it is more mild now and the ice has left us. Hon. W. R. Downey, Vice President of this association, finished digging his potatoes on the *fourth day* of the present month. It is not usual to delay the harvest of roots till so late in the season; generally this kind of work is finished by the middle of December, though in a few instances they have remained in the ground until spring. The latitude is 47 degrees north. Puget Sound is never frozen over. Not *one particle of snow* this winter yet. It has a summer cooler than that of Quebec, and a winter as warm as that of Norfolk, Virginia. It has neither the bitter frost, nor the burning heat of New York. Snow falls almost every winter to a depth of 10 inches, but usually disappears within a week, because the ground is seldom frozen, and the thermometer does not long remain below the thawing point. Ordinary stock will subsist during the winter months without being housed, but it is abundantly safer to provide shelter and necessary feed; the Indians however never do, and it is seldom they lose stock through severity of winter. Any one disposed to be contented with his lot can live as easily here as in any part of the Union, and there is no place more healthy than upon Puget Sound. Diseases here are similar to those of the Middle States, but usually of a milder character. Fevers are almost entirely unknown and when they are met with, are distinctly traceable to causes originating in the individual and not to the country or climate. Fever and ague are *very rare*. The writer came here in 1854, and has yet to see the first case of chills or ague—and has never heard of but one case upon the Sound. There are some cases of it on the Columbia River, 100 miles south of here.”

IRREGULAR REGULARS—HOMŒOPATHIC ALLOPATHISTS.

BY S. M. GALE M. D. NEWBURYPORT MASS.

For some twenty years I have taken, with other medical publications “Braithwaite’s Retrospect of Practical Medicine and Surgery,” and although it is, ever has been, and probably ever will be, an uncompromising foe to homœopathy, yet as I have perused its parts from year to year I have been surprised to find how frequently and successfully its writers use the homœopathic remedies on the principle of “*similia similibus curantur*.” It would seem by the reading of some of their articles that they

do this without any knowledge of the fact that such a man as Hahnemann ever lived.

A year or two since it contained a labored article to show that Nux vomica was an excellent remedy for constipation! In a recent part another sage writer recommends Aconite in rheumatic fevers and influenza. He says "we must give it in very *small doses* as of a quarter of a drop to one drop of the tincture, repeated every half hour or hour. Two or three doses will cure a feverish cold, and sometimes the relief is immediate." The next article to which I would refer, is from the pen of Dr. Wilks, physician to Guy's Hospital. He has evidently heard of Hahnemann, for speaking of Aconite he says "I am acquainted with two medical men who in the course of a long practice have been in the habit of daily using it, but have not *dared* to speak openly for fear of having their names associated with members of an eminently *quack system*, for it may be remembered that the late Mr. Liston brought no little odium upon himself on account of his advocacy of the use of this remedy in erysipelas." But this same Dr. Wilks being a little more *daring* than the "two medical men," in the same article reports one case of pneumonia, two of acute rheumatism, one of bronchitis, and one of catarrh cured by Aconite.

Another enthusiastic writer on Aconite, is no less a personage than "Dr. Sydney Ringer, Professor of Therapeutics in University College Hospital." His articles may be found in Part 59 of the Retrospect. He says, "of all the drugs we possess, there are none more valuable than Aconite. Its virtues by most persons are only beginning to be appreciated, but it is not difficult to foresee that in as short time, it will be most extensively employed in diseases immediately to be noticed."

He farther says: "It is on account of its power to control inflammation and subdue the accompanying fever, that Aconite is to be esteemed. The power of this drug over inflammation is little less than marvellous. It can sometimes, at once, cut short inflammation."

He then proceeds to recommend it highly in tonsillitis, catarrhal croup, pneumonia, pleurisy and rheumatism. In erysipelas he recommends Aconite and Belladonna. Dose half a drop to one drop of the tincture, in a teaspoonful of water. Other writers recommend Belladonna in whooping cough and scarlet fever, Arsenicum in asthma and diarrhoea, Nux vomica in neuralgia and colic, Gelseminum in neuralgia, Arnica for bruises, &c., &c. These *straws* go to show conclusively that "Old Physic," is getting his eyes open, and that the days of "heroic practice," are numbered.

All that we have to do as homœopaths, is to stand firmly by our principles, and bid the new converts a cordial welcome to our ranks.

Reviews and Book Notices.

LEHRBUCH DER HOMŒOPATHIE. BY DR. V. GRAUVOGL.

A REVIEW BY DR. C. J. HEMPEL.

This work a translation of which by Dr. Shipman of Chicago, will soon make its appearance, is undoubtedly a work of considerable importance, and deserves to be read by every physician who professes to be something more than a mere homœopathic routinist. In this country where strenuous efforts are being made by a few members of our brotherhood to set up their own subjective notions as the very quintessence of a refined and transcendental homœopathy, a work like the present of which we shall endeavor to furnish a somewhat elaborate, but we trust impartial review, will be attended with beneficial results in stemming the tide of dogmatism of which Grauvogl is a determined enemy, and presenting homœopathy as a liberal and progressive science, prepared to honor and accept every thing that is great, good and useful in the universal domain of medicine, and to add, to the recognized truths of this vast sphere of human interests, the great and indisputable truths of a scientific system of Therapeutics. Whether Grauvogl has succeeded in his task, may be doubted, and undoubtedly will be doubted by many of the best thinkers of our school. As for ourselves, we are free to confess that his work has disappointed us. We are perfectly satisfied with the critical portion of the work. Grauvogl has shown up the fallacies and shortcomings of the Physiological School with an unsparing and bitterly logical truthfulness; his vast erudition, and his perfect acquaintance with the ruling systems of medicine, enabled him perhaps better than any other man living, to do justice to this part of his work. But when we come to the syncretical portion of his remarkable volume, to the exposition of the doctrines of the homœopathic school; when we come to such answers to the question: What is homœopathy? as Grauvogl has furnished us, we turn away from his otherwise brilliant pages with a feeling of dissatisfaction, and we cannot help saying to ourselves, that this question has not been answered by our author, and that this task has yet to be achieved. This, at any

rate is the impression which a careful and repeated perusal of Grauvogl's work has left upon our own mind. We will present a cursory view of the leading points of this work, and afterward review them more fully with such comments as Grauvogl's own statements and propositions may seem to require.

On perusing Grauvogl's work the reader will find that this author.

1. Repudiates the doctrine of a vital force in the most unqualified manner;

2. That he is totally opposed to the doctrine entertained by many homœopathic physicians, that our remedies act dynamically, by virtue of an inhering dynamis or power;

3. That he repudiates what he calls orthodox Homœopathy;

4. That he believes in the alternation of drugs as a principle to be defended upon scientific grounds;

5. That he believes with Hahnemann that the doctrine of psora is in many respects, founded in truth.

6. That he believes in the law "*Similia Similibus*" as a principle of cure whose sphere of action is limited by definite boundaries; that it is not a sufficient guide in all cases; that it does not supersede the principle "*Contraria Contrariis*", and that these two principles reciprocally complete each other.

We will now proceed to review these various points more in detail; in doing so we will endeavor to be mindful of Grauvogl's own condemnation of scientific men who are so wedded to their own notions and systems that they seem incapable of doing impartial justice to opinions and views entertained by professional opponents. The author's criticism will be found to apply with great force to men in our own ranks, although it was originally intended for our "old school" opponents.

"The men of this turn of mind," writes Grauvogl on the second page of the first volume of his work, "have become so subjective that in everything which may become the subject of discussion, they first think of themselves; the manner in which their own personality is affected by it engages their attention so exclusively that they cannot find time for the consideration of new themes. Hence it is that their faculty of discernment is controlled by their egotism to such an extent that they are just as easily offended and hurt as, on the other hand, they are easily won over by flattery. For this reason their judgment, which is of course favorable to their own party, is one-sided and a most evident sign of their intellectual incapacity."

In the first place then we say that Grauvogl repudiates the doctrine of a vital force in the most unqualified manner; we will substantiate this statement by a few quotations from his work. Page 13 of the first volume, in trying to refute some of Virchow's doctrines, and more particularly his doctrine of vital forces Grauvogl writes:

"He (Virchow) talks indeed about muscular forces, but not about molecular materials. He fancies that, inasmuch as the vital force would gradually become exhausted in consequence of the resistance offered by matter, we have to assume that this force is continually being regenerated from the molecular forces; that it continually receives a new supply from the

molecular forces; that it is strengthened by these forces; he speaks of a certain self-dependence of the cell which enables it to satisfy its wants out of itself, and to a certain degree; and he asserts that the radicalism which accounts for the mechanics of life by the mutually antagonistic action of the molecular forces that inhere in the molecules of the organic elements (cells), is not empirical, hence illogical. He believes that there must exist certain external agencies which maintain and call forth the vital movements of the cell. These agencies are designated as vital stimuli which keep the tension of the finest particles continually active; he teaches that, in accordance with the three directions in which vital manifestations take place, three different stimuli may be assumed namely; nutritive, formative, and functional stimuli."

We may not agree with Virchow's views of the nature and movements of vital force, but we rejoice to think that he believes in its existence. Grauvogl does not; he looks upon the doctrine of vital forces as the offspring of a diseased brain. He regards the human organism as a self-existing machine that maintains its vitality independently of all spiritual influences. After reviewing certain processes going on in the animal economy, he triumphantly asks:

"What now does the vital force do in these various processes?"

Life and living is that which possesses the reason of its activity within itself; whereas a machine which is likewise a form of action and reaction, does not derive its movements from the forces of the iron, if it should happen to be constructed of this metal. It is dead, is controlled by the force of persistence. But if we behold an organism as its own cause of effects, which it can manifest only by the aid of certain agencies acting upon it, we ascribe to it a power thus to act. It is consequently an excitable or incitable cause to which self-activity and susceptibility, or excitability unitedly belong. Thus our body possesses the power of growing; itself develops its form from a germ but only if it is prompted to this development by the agency of warmth, light, and by the introduction of food."

According to Grauvogl the world of matter gets along very well without a corresponding world of spiritual agencies and influences; indeed the world of matter is a thing of itself; its phenomena are self-originating; chemical and physical laws abundantly account for all the phenomenal manifestations of Nature. Whether Grauvogl believes in a spiritual world does not clearly appear; he indeed alludes here and there to the Ideal, and occasionally admits that the ideal world seems to be contained in the material; but, after all, he seems to regard the Ideal as a mere form of viewing things, and to present the material and its phenomenal mechanism as the only substantial reality and the only thing in nature that a physician need trouble himself about, and need regard as worthy of his study and investigations. Page 157, Vol. I., he expresses a sort of aversion to the doctrines of a vital philosophy. He says:

"But these ideas, which are defended even by physicians with the vehemence of passion, (for science is here out of the question,) and which indeed return as often as they were supposed to have been slaughtered, have a deep foundation in the nature of the human mind; they spread themselves as often, as often we meet with men whose education would not allow them to penetrate this nature understandingly. For this reason it behooves us to

slaughter such ideas unrelentingly from the stand-point of natural science, as long as they continue to be regurgitated by those who occupy a subordinate stand-point. This subordinate stand-point is, moreover, characteristically distinguished by the fact that those who occupy it fancy they have said something by stating that to the immortal discoverer of Homœopathy the chemical view of the vital process was likewise an horror and an absurdity. In Hahnemann's time this might have been somewhat excusable; at present such a clinging to authority would barricade every progress in science, and would set up the standard of *laissez-aller*."

We should think that Grauvogl, in giving utterance to such a string of coarse vituperations against the believers in the philosophy of vitalism, might have blushed at seeing the ghost of Hahnemann rise in condemnation of doctrines which, if they do not sooner or later prove destructive of the very spirit of Homœopathy, will effectually prevent a philosophical explanation of her doctrines. Yet Grauvogl is very tender of the memory of Hahnemann in other parts of his work. Page 221, of the second volume, where he speaks a kind word in favor of Hahnemann's doctrine of psora, and rebukes modern homœopaths for ignoring it as it were, he uses the following language:

"In discarding pathological names modern homœopaths came very near forgetting Hahnemann's psora, syphilis and syphilis. This is inexcusable, were it simply for the reason that any observation emanating from a great man should never be lost sight of."

It is only Hahnemann's vitalism that is an offence in the eyes of Grauvogl and of the class of philosophers to which he belongs. Yet, can he get along without accepting, at least by implication, a controlling or governing principle that presides over the orderly evolution of the facts and phenomena of the living organism? Grauvogl is very much opposed to accepting the subjective opinions of those who differ from him, as law and gospel. But in trying to refute the philosophy of vitalism, has he any better arguments to offer than his own subjective opinions and convictions? In this interesting and indeed highly important discussion we cannot take barren statements as arguments. How does Grauvogl account for the harmonious preservation of the organism these thousands of years? He does not account for the matchless order which the organism has exhibited ever since it was created. He offers statements, crude statements,—the thing is so and not otherwise. This is all he knows about it, and apparently all he cares to know. But let us quote his own language. Page 143, volume I. he expresses himself as follows:

"We know indeed that all material substances, whether we designate them as food, as morbid agents, or as remedial agents, must not only have a definite chemical composition, but that they likewise unite in definite proportions; that these unions can only take place in accordance with the laws governing chemical tensions, and that these laws likewise manifest themselves in the interior of the organism. But the organism not only combines them in accordance with its own laws to various other substances, but it likewise locates them agreeably to its own law of specification. As the

iron combines in its organism with muriatic and phosphoric acid, so it combines in the organism with the muriatic acid of the stomach and with the phosphoric acid of various fluids. But its localization and appropriation in the interior of the organism are no longer the business of the iron, but that of the organism. Thus the iron unites with the globulin of the blood, but not with that of the crystalline lens. The creatine which the organism creates for itself is found in the muscular tissues, whereas the brain, liver and kidneys do not contain any of it, on the contrary, it is excreted by the latter in the form of urea.

"Although all these substances use the blood as a medium of transportation, part of the iron in the blood is given off to the globulin of this fluid, and another part of it passes through the crystalline lens, which, however, does not take up any of it. This shows that the substances of the outer world, by evading certain definite parts of the organism, are localized within it in a permanent and fixed manner, in definite directions, for the use of definite anatomical parts."

Is the maintenance of this orderly arrangement the result of instinct or habit? All that Grauvogl has to offer in explanation of it is the bare statement that the organism, in maintaining its own order and perpetuating its own identity from year to year, obeys the law of its own specification. But so does every other created thing, and all that this species of reasoning amounts to is that we have to accept creation as a self-existent Fact of which God, if there be one, is at most a part or result. We repudiate all such doctrines as debasing and unworthy of the high aims and purposes of Homœopathy.

Hahnemann was a vitalist; he believed in the existence of that mysterious power in whose action upon the tissues of the organism all the manifestations of vitality originate. In his Essay entitled "Spirit of the Homœopathic Doctrine" he expresses himself as follows:

"What life is can only be inferred from its phenomenal manifestations; no conception of it can be formed by any metaphysical speculation *a priori*; what life is, in its actual essential nature, can never be ascertained, or even guessed at, by mortals.

"Life cannot be compared to anything in Nature save to itself alone; neither to a piece of clock-work, nor to an hydraulic machine, nor to chemical processes, nor to decompositions and recompositions of gases, nor yet to a galvanic battery—in short, to nothing destitute of life. Human life is in no respect regulated by physical laws which only obtain among inorganic substances. The material substances of which the living organism is composed do not follow the laws to which inanimate material substances are subject; they are regulated by the laws peculiar to vitality alone; they are themselves animated just as the whole system is animated. Here a nameless fundamental power reigns omnipotent, which suspends all tendency of the material constituents of the body to obey the laws of gravitation, of fermentation, putrefaction, etc., and renders these constituents subordinate to the wonderful laws of life alone, in other words, maintains them in the condition of sensibility and activity necessary to the preservation of the living whole, a condition almost spiritually-dynamic."

Here we have Hahnemann's confession of faith as a vitalist expressed in simple and beautiful language. We cannot understand how a homœopath, one who really believes in, and has a full perception of the truth of homœopathy, can be anything

else than a believer in the existence of a vital organism to which this perishable, physical organism serves as a connecting link and a means of objective manifestation. The physical stimuli are indeed necessary to vital manifestations, but they are not sufficient to originate life. If the lungs of the new-born infant were not previously endowed with vitality, they could never be made to breathe by the mere contact with atmospheric air. The vital movements are all carried on in agreement with, not in opposition to physical and chemical laws; but the laws of physics and chemistry do not originate the vital movements. The material organism of itself is not a living machine; it is simply the envelope of a more interior, living, imperishable organism. That in us which is called the soul, cannot exist without an organism either here or hereafter. That supernal beings have manifested themselves to mortals in the form of men, with organisms having in all respects the human form, will not be gainsaid by any believer in scriptural revelations. Even the Saviour of the world, after his resurrection, manifested himself to his disciples in the human form.

The material organism connects man with physical nature, of itself it is dead; the spiritual organism to which the former serves as a vehicle or instrument for vital manifestations, connects man with the spiritual world which is the only living world, the grand *Esse*, the world of essential substances which, by their action upon material nature, achieve an unceasing creation and develop and perpetuate nature's individualities. It is not sufficient to say that the material organism is animated by a soul, the soul would not be capable of carrying on the functions of vitality without the aid of an intermediate organism which, by means of the nervous system, controls the physical organs for the performance of the complex movements, and purposes, the sum of which constitutes Life manifested in Act. The fact that the vital, or the spiritual-dynamic organism, as Hahnemann is pleased to designate it, achieves its behests by means of the material tissues, in accordance with chemical and physical laws, does not degrade this organism to a mere material machine, any more than the affection which manifests itself by the presentation of a bouquet or a work of Art, becomes on that account a material object. If the chemical analyst is unable to discover any trace of the spiritual-dynamic organism in his crucibles and retorts, it is because this organism is, by its nature beyond the reach of chemical re-agents. A denial of this vital organism by chemical physiologists for no better reason than because perceptible traces of it are beyond the limits of the microscope, or the resources of the laboratory, implies a degree of mental obtuseness or perversity of which no clear-headed homœopath should ever render himself guilty.

The labored attempts of chemical physiologists to arrive at a solution of the great problem of disease by chemical analysis and research, have so far proved utterly valueless in a therapeutic

point of view. Chemists oppose Homœopathists by virtue of an inherent antagonism of doctrine and conviction. Chemists look upon diseases as resulting from a disturbance of the chemical formulas and the osmotic movements of the organism. Homœopathists, on the contrary, regard all deviations from the normal chemism of the living body as results of a primarily-altered vitality. Some morbid force has taken advantage of a favorable opportunity of invading the organic tissues and subjecting the physiological life to its perverting influence. What confidence can a homœopathic physician place in the efforts made by chemists in the domain of therapeutics, if even such a distinguished Physiologist as Professor Draper gives utterance to the following stale piece of information, page 184 of his "Human Physiology:"

Although we cannot interfere with the rate of respiration, we can affect the quantity of air introduced into the system by artificial means, as, in the operation of blood-letting; for though, after blood has been drawn, we may make the normal number of respirations, seventeen in a minute, and for each introduce seventeen cubic inches of air, we have diminished the number of discs which are the carriers of oxygen, and, as the experience of physicians in all times has shown, there is no method so effectual in reducing any unusual or febrile temperature.

It is true Grauvogl is not responsible for such doctrines. He emphatically repudiates the law of causation or the causal law, as he terms it, as a maxim proper to be followed in Therapeutics; he uniformly presents the organism as a coherent system of actions and corresponding reactions where the physiological maxim of simple cause and effect would lead, and always has led, to the most lamentable failures and abuses. Nevertheless he weakens the force of his logic by denying a principle which Hahnemann regarded as the very corner stone of his Therapeutic edifice.

We could not give an intelligible account of the homœopathic law and the operation of our small doses if we did not take the broad ground that there exists within the material tissue an invisible, it is true, but nevertheless a real and substantial living organism which cannot be tainted by disease, although it may have to perform the functions of vitality imperfectly, and have to be compelled to realize abnormal vital manifestations in consequence of the abnormal chemism which the invasion of morbid forces may have realized in the tissues of the physical organism. The spiritual-dynamic organism is not a reasoning creature; it weaves the thread of life with such material as is furnished it on the physical plane of human existence; if this material is deficient or imperfect, or if the conditions in which the physical organism exists are antagonistic to its vital harmony, the vital organism, or, which amounts to the same thing, the vital principle or vital forces cannot be expected, nor will they be able to realize an harmonious vitality until the obstacles to this realization are removed either by the self-healing powers of nature, or by the aid of appropriate remedial agents.

Having, in these few lines, declared our adherence to a belief in a vital organism as an indispensable factor to the manifestations of vitality, we shall now proceed to a consideration of the second point in the previously stated series of propositions, namely, that Grauvogl is totally opposed to the doctrine entertained by a number of homœopathic physicians, that our remedies act dynamically, that is to say, by virtue of an inhering dynamis or power. Page 158, Vol. I., Grauvogl writes:

"Nothing should be asserted unless it rests upon a foundation which is universally recognized as a fact. In §28 it has been demonstrated as a fact that the Chlorate of Potash exists in the blood-disks in less quantities than a quadrillionth fraction; in this attenuated condition it cannot be perceived by the senses. Consequently, according to the hypothesis of the dynamists, it must exist in the blood-disks in the form of spirit. This shows that the fact upon which the attenuations rest as their foundation, drives the dynamists from the field; yet their ghostly head rears again and again, not as an evidence of the truth, but as a proof that the dominion of transcendental ideas is still possible, according to the ancient so-called philosophy of Nature which, however, never was a philosophical system any more than the theosophistic view of Swedenborg.

"If the dynamists mean to be recognized as valid, they will have to show in the first place that their hypothesis is the only possible one; that all experiences in the material world are the result, if not of deception, at least of hallucination and illusion of the senses, which is not only not proved but is proved to be false; for in every case where our remedies are used, we see that they have the same specific effect in high or low doses, hence that they must have originated in the same material principles, although as a matter of course and as a well known fact the high potencies are without many of the accessory effects which are produced by the low attenuations.

"I have repeatedly pointed to the fact that when ascending from effects to causes we must arrive necessarily at something that has not been caused; that a series of changes presupposes a something that is unchangeable. This circumstance, however, neither denies nor invalidates the laws of Nature.

"A physician's sphere is not the absolute totality of the whole of existing things, but nature, or the sum of things so far as they are integrally connected by the law of causation, the law of action and reaction, etc. The whole theory of the dynamists is the negation of the material; but the belief that the dynamic exists independently of the operations of nature is an ideal conception, not a fact of reality.

"Every dynamic system conflicts with the unassailable rights of a mathematical perception.

"If the mental turn of the dynamists leads them to the eternal and the unchangeable, the materialist can confront them with altogether similar pretensions. In the world of matter there is no such thing as originating and perishing—everything is simply change of form, transformation. Matter itself is indestructible, imperishable, forever the same, without the least loss. Nor is there a change of quality; one substance cannot be transformed into another. Upon such an unchangeableness, experiments and inductions for the explanation of natural phenomena are founded with greater certainty than the ideas upon the absolute. From ideas no positive cognitions can be developed, nor can anything be explained from them. This is the reason why a theoretical cognition and a cognition resulting from ideas diverge and have nothing in common with each other; the former belongs to the sphere of knowing, the latter to that of believing. Would that the dynamists should finally be led to admit this truth and cease to wrangle about the emperor's beard."

We believe with Grauvogl, that the manner in which the dynamis theory is propounded by the dynamists, is erroneous; but is the dynamis of drugs on that account a purely transcendental conception of the mind? Grauvogl has utterly failed to present a more rational theory of the action of small doses, than the dynamists have so far been able to do. Moreover he lugs in a great name like that of Swedenborg with an incredible levity; being evidently more at home in the writings of this extraordinary man than Grauvogl, we beg leave to refer our honored friend to Swedenborg's exposition of the science of correspondences, of his theory of influx and degrees, not to speak of various other treatises, all of which bear more or less upon the fundamental principles of homœopathy. The day is fast approaching when the homœopathic profession will bow to Swedenborg as the great expounder of the philosophy of homœopathy. All honor to Hahnemann for having presented the law "*Similia Similibus*" as a guiding maxim in Therapeutics, but to Swedenborg will be due the merit of showing its high origin as an eternally-true principle of God's Providence, and as a supreme law of order in the various interests of man as a social, intellectual and physical being.

Liebig taunts the homœopaths with believing that the powers of drugs can be temporarily transferred to, or grafted upon neutral or non-medicinal substances. This idea of grafting is undoubtedly an erroneous explanation of the curative efficacy of homœopathic attenuations. Grauvogl undertakes to reply to Liebig's invectives by quoting against him the following observation, page 261 from the second volume of Liebig's chemical Letters:

"The little lump of earth not only retains that which it contains of vegetable matter, but its power of preserving for the plants that which they require, goes a good deal further. If rain-water, or any other water which contains Ammonia, Potash, Phosphoric acid, or Silicic acid in solution, is brought in contact with the soil, these substances disappear from the solution almost instantaneously, the soil takes them up from the water. If the soil did not possess this property, these three main-nutriments could not be retained in the soil.

We do not think that this otherwise beautiful and interesting illustration presents a satisfactory refutation of the ridicule which Liebig launches against the homœopaths. The little lump of earth is not a neutral principle with reference to the Ammonia, Potash, Phosphoric and Silicic acid contained in the rain-water; on the contrary, it is a natural receptacle for these substances which it stores up in its recesses in obedience to natural laws. There is a natural affinity between these substances and the little lump of earth; they together make up the material out of which the framework of many useful and indispensable products of the soil is to be woven. This relation does not apply to the drug-power, and alcohol or sugar of milk, between which and the former there is no natural affinity whatsoever, any more

than there can be said to be between the drug-power and flour or saw-dust. We believe that in making our attenuations the alcohol and sugar of milk subserve the purpose of mechanically dividing and subdividing the drug even to its remotest molecular constituents. This infinite subdivision of drug particles may not, however, imply a development of power in the sense in which Hahnemann understood and taught this doctrine.

We unhesitatingly reject Hahnemann's extravagant statement regarding the life-threatening power of the sixtieth so-called potency of *Drosera rotundifolia* as the offspring of a simple prepossession of the mind. Hahnemann had conceived the notion that his peculiar mode of preparing his attenuations by means of the processes of succussion and trituration resulted in the development of the inherent drug-power to such a degree that even life might become endangered by the use of highly potentized remedial agents. This doctrine seems to have been adhered to by Hahnemann with all the faith of a martyr. In preparing his medicines, the sugar of milk and alcohol serve as temporary vehicles and recipients of the drug-power set free by the breaking up of the drug-molecules. This, at any rate, is the explanation offered by Hahnemann and his disciples of the fact that the drug-power is not utterly dissipated by the inconceivable subdivision of the drug-molecules which they necessarily undergo in the preparation of homœopathic attenuations.

We hold that a drug as a material sub-stratum characterized by definite, individualizing properties, is the product of the co-operation of two factors, the cosmic or active, male or inseminating principle, and the telluric or passive, female or fecundated germ. The drug as we find it in nature, be it animal, vegetable or mineral, contains the fullness of its power which may be obtained in its purity, separate from all gross, material envelopes, by means of suitable processes. The drug is an unit, or rather the drug presents a trine of principles in unity, namely: the cosmic or creating factor; the germinal principle, matrix or mould inherent in the soil of the planet; and the material product resulting from the action of the cosmic factor upon the germ in suitable conditions of atmosphere, heat, light and moisture.

Can this trinitary unit be separated into its component parts? Such a separation would imply the destruction of the drug's individuality and, so far as its use in the practical business of curing is concerned, would reduce it to a disembodied and intangible, shapeless and formless abstraction. We may concentrate the sum of the medicinal energies of a drug into an alcoholic tincture or into a resinoid or alkaloid, the validity of our mode of presenting the drug as a trinitary unit, would not be impaired by such a proceeding. The tincture, as the representative of the natural drug, is supposed to embody the fullness of drug-power, hence constitutes the trinity in unity of the principles which we have traced in the original animal,

vegetable or mineral creation. And every atom of this tincture contains, even at an infinite distance if you please, this trinity in unity. Nor can this trinity ever be dissolved without the essential identity of the drug being utterly destroyed. If the drug acts at all, no matter in what infinite subdivision of its original substance, it must act by virtue of this trinity of principles. There must be the material sub-stratum, or else the cosmic factor eludes our grasp and the germinal principle remains an intangible, inconceivable, powerless and hidden It in the crust of our planet.

If the trinity in unity, which constitutes the fullness of drug-power, cannot be separated without the essential individuality of the drug being utterly dissipated, the doctrine which has prevailed in the homœopathic school as a fundamental tenet of faith, namely: that the inherent drug-force can be separated from its natural substratum by the processes of trituration and succussion, and can be temporarily grafted upon a neutral vehicle, such as sugar of milk or alcohol, must be considered as erroneous, and will therefore have to be abandoned. We have shown by a process of deductive reasoning that, whatever curative influence is exerted by a homœopathic attenuation, is exerted by the three-fold principles of cosmic factor, telluric germ and their product in the animal, vegetable or mineral kingdom of Nature. That this trinitary unit of principles is still possessed of, and capable of exerting curative powers, even when split into inconceivably fine molecular particles, has been substantiated by abundant experience. Although no trace of the original drug is discoverable in these high attenuations, yet we have shown that the drug-force can never be detached from its natural material substratum by means of which it had become amenable to observation, and had been converted into a means of cure.

We have endeavored to show both the truth and the error of dynamism. Grauvogl errs in denying the dynamis of drugs; the dynamists err in pretending to handle this dynamis as a separate entity. The dynamic philosophy of our school has led to the unfortunate division of low and high dilutionists in our ranks; it is a division founded upon ignorance of fact and upon improper pretensions. We take this opportunity of protesting against what we believe to be the too general and therefore undue importance that has been attached to the so-called high potencies which have even been dignified by some writers as a species of high Homœopathy far superior to the common dross of the low doses in which the benighted materialists of the Homeopathic school indulge. In the present state of the physical sciences we can only regard the efficacy of such high attenuations as the 200th, as an evidence of the extraordinary susceptibility of certain organisms to specific medicinal influences; but we protest with all becoming emphasis against the impropriety of making these pretended high potencies the touch-stone and

badge of a superior Homœopathy. They may be useful and even necessary in some cases, but the ridiculous pretensions of some of the gentlemen who are addicted to high potency idolatry, and their claims to a superior knowledge of the homœopathic *Materia Medica*, and to a deeper initiation into the mysterious workings of the homœopathic remedial agent are, decidedly out of place, and betray an utter absence of the true perception of those things which really and truly constitute the fundamental principles of the Science of Homœopathy.

Whether the highest attenuation or the crude drug is employed in treating a case of disease, a cure is effected in every case by means of the whole drug, that is to say by means of the trinitary unit of principles which are embodied in the drug. It is well that the high potentialists of our school should be set right in their extravagant claims in favor of the curative powers of the so called high potencies. These powers are not denied in the abstract; what is denied is that they can be made available without the intercession of their natural substratum in the world of matter. If it can be shown that all cures are effected by means of this trinity of principles, the cosmic factor, the telluric germ and their natural product, the drug, in which the two former are embodied: the dogmatic tenacity with which the more or less exclusive use of the so called high potencies is adhered to by some members of our craft, may perhaps be replaced by the broad spirit of generous liberality which should animate physicians of every creed. The question whether a high or low attenuation should be used in a given case, will then no longer constitute a subject of controversy about the spirituality of high, and the materiality of low doses, but will become what it should never have ceased to be, a subject of scientific inquiry and observation from the standpoint of clinical experience. We regard the acknowledgment of the trine, or a trinity of principles in every drug and its attenuations as the first step toward a scientific solution of the problem of dose. If this ground should be occupied by the high and low dilutionists of our school, the harsh antagonism which has heretofore separated these factions, will probably disappear before the sunlight of Truth, and give way to a humane and rational desire to help the patient rather than to worship a creed or a theory.

"While on the subject of attenuations we may as well take this opportunity of showing that Grauvogl shakes the prejudices of orthodox Homœopathy in regard to infinitesimal doses as rudely as he does the edifice of the dynamists. According to Grauvogl the quality and quantity of a dose are inseparably united both in the treatment of diseases and in the proving of drugs. He expresses this doctrine page 167 Vol. I in the following language.

"It is the law of specific correlates not only qualitatively, but likewise quantitatively, that we have to investigate for each special drug."

Again page 168 Vol. I. he says:

"The question is not whether the usage of one or the other party should be universally followed or not, for this is a matter of altogether secondary importance and not entitled to the least consideration. All we have to do is to determine, independently of all subjective persuasions and incomprehensibilities, what quantity of a substance is necessary in order to produce in any morbidly affected part of the organism a chemical or physical counter-movement of equal intensity, and in an opposite direction to the movement originated by the morbid cause, with a view of arresting, or at least, retarding this latter, and finally discontinuing it altogether by repeating the dose * * * * *. The problem is simply to determine what remedial movement quantities will antagonise as their equivalent the movements that had been excited by the morbid agent; for the measure of the force is the effect, nothing else. To solve this problem we have the natural law according to which quantity contains the measure of the movement and counter-movement; consequently for therapeutic purposes, the correct dose consists in a quantity of force of the indicated quality which is equal to the quantity of force of the morbid agent, and in its movements runs in a contrary direction to the quality of the latter.

And finally, on page 84, vol. II, we are favored with the following case and the following declaration of principles which must appear strange to homœopaths generally, and more particularly to those whom Grauvogl classes as dogmatists. He writes:

"I call attention to various organic substances which, in their relation to the organism appear to exist in a simple form beyond which they lose all efficacy, such as Pepsine, Cochineal, etc. To reduce them to infinitesimal quantities, or to give them in an attenuated form, would be in many cases an indiscreet undertaking. This is denied by homœopathic dogmatists. But every dogma, in a science which should be founded upon natural laws, misleads the judgment and therefore should be avoided. In order to show this more positively, a practical case will convict the dogmatists in the shortest manner, unless their prejudices have become fixed by the inflexible absolutism of mental old age.

One day I was called to a poor patient whose physician had left him three days previous, with the assurance that he would get well without any further treatment. He was a young man of nineteen years and of a very robust frame of body. He complained of intolerable nocturnal colic for which his physician had ordered general and local sanguineous depletions, cathartics, an infusion of Chamomile, a white medicine and warm fomentations on the abdomen. The medicine was an oily mixture with gum arabic, and had effected no favorable change; on the contrary, the nocturnal pains had increased to such an extent, that the patient awaited the arrival of every succeeding evening with extreme anxiety. The patient being comparatively free from pain in the day-time when the physician arrived, it is very likely that the latter did not believe the patient's statements. I must add that the physician was no beginner in practice, but a respected practitioner of large experience. The cause of the trouble was said to be a cold superinduced by sleeping in a tavern on a straw-bed, in the month of January, after a long journey on foot. The patient complained of shooting stitches in the lumbar region, urging to urinate, pains in the limbs, general lassitude, little appetite, a sweetish taste, thirst and headache in the forehead and temples. The face was very much flushed, the thoracic organs were sound, pulse 100, abdomen soft, the region of the liver, spleen and bladder free from pain. The very fact that the pains set in at night, led me to suspect an inflammation of the kidneys; hard pressure upon the left renal

region, caused the patient to exclaim; the right renal region was likewise painful. The urine looked abnormally dark, with a white sediment about an inch in height, and covered with a granular layer of half an inch in thickness and mixed with blood, so that the diagnosis of an acute desquamative inflammation of both kidneys could no longer be doubtful; indeed, it was abundantly confirmed by my microscopic investigation of these layers, one of which was composed of urates, the other of blood and fibrinous cylinders.

"According to the differential diagnosis of Homœopathy, *Coccus cacti* was indicated in this case. I ordered five drops of the third attenuation every hour. That night the pains remained as excruciating as they had been the six previous nights. Being in the habit of seeing my prescriptions in acute cases followed by essential relief, I concluded that in the present case the preparation I had employed must be utterly powerless. After the patient, under the use of other remedies which I deemed indicated, although less characteristically, had lost his strength and the pains had become unendurable, I consulted the records of the various schools, and was unable, even according to Rademacher, to hit upon any medicine that was homœopathically more specifically indicated than cochineal. Doubt or dogma was now no longer able to prevent me from prescribing cochineal in substance at the rate of a teaspoonful every hour. The following night the pains were much less; the next night still less, and on the third day the sediment was free from blood. That night the patient slept a few hours, and in a few days the pains and sleeplessness had disappeared.

"How did this happen? Evidently not only because the cochineal was in homœopathic rapport with this form of nephritis, but likewise because the drug was prescribed in this quantity. This quantity, like the insect generally, is composed of Tyrosin, an organic substance which like Pepsine, can be successfully employed in an attenuated form only in the case of highly sensitive individuals. This case shows that the use of traditional doses cannot be denied upon purely dogmatic grounds.

"The main point is that the traditional dose in this case was given in accordance with the law of similarity which constitutes in all doubtful cases the only guiding maxim of treatment.

"Another method of employing drugs has to be alluded to if we desire to annihilate and remove parasites. Helminthiasis belongs to the chapter of organisms that have penetrated the human body and are either living or capable of life.

"Hence such parasites cannot always be destroyed and removed according to the law of organic action and reaction. Consequently we cannot always get along without the law of causation, although homœopathy is acquainted with a number of remedies that very frequently render the expelling method superfluous, and at all events prevent the hurtfulness and reproduction of parasites.

"This shows that the human organism has sometimes to be afforded palliative relief, although as a rule a radical cure is required according to the law of action and reaction. If homœopaths were in all cases to carry out exclusively the law of similarity, they would commit the same mistake as allopaths. Both sciences are no opposites in the sense of contradiction, but they constitute mutual completions."

These quotations show most conclusively that Grauvogl regards the employment of low doses, even the traditional doses of the Physiological School, as a justifiable and, in many cases, indispensable proceeding; and that he looks upon the law of palliatives as an integral and most important part of the great edifice of Therapeutics. Heretofore we have only had the law of palliatives as the foundation of Therapeutics; all the errors and even the cruelties of physiological treatment have arisen from the

fact that the law of palliatives has been sought to be elevated to the rank of a curative therapeutic principle. The therapeutic principle having been discovered by Hahnemann, these two, the law of palliatives, and the law of curatives, henceforth complete the therapeutic edifice, and should be respected, studied and applied with equal attention and interest. This is Grauvogl's doctrine and no generously-minded physician can decline making it his rule of conduct in the sick-chamber.

We are now prepared to show thirdly, that Grauvogl repudiates what he calls orthodox Homœopathy. All we have to do in order to substantiate this assertion, is to quote from our author. Page 81 of the second volume of his work, where the servile obedience to Authority in the Physiological School is shown in a not very enviable light, Grauvogl expresses himself as follows on the subject of orthodox Homœopathy:

"We find that orthodox Homœopathy has not remained entirely free from this danger. For instance, she is conscious of the necessity of removing the obstacles to a cure which are occasioned by the retention of noxious substances or of substances that have become so in the interior of the organism.

"But rather than to deviate from her principle, she remains an idle spectator rather than to give a laxative or an emetic, proceeding from the doctrine that, if the remedy that had been administered, is included according to the law *Similia Similibus*, it must likewise strengthen the parts whose inactivity occasioned such retentions. But this "if" includes unknown intermediate links, since we are not yet acquainted with the pure effects of a sufficient number of substances, and our known provings are not sufficiently comprehensive to satisfy our expectations in all cases. If these imperfections did not exist, Homœopathy would not have to resort to mechanical means, as injections in one case, or warm nauseating drinks with molten butter, or irritation of the fauces with a feather, etc. in another case. A laxative is expelled again by the counter-movements of the organism; so is an emetic, generally without leaving any ulterior consequences. It is precisely Homœopathy that will cause the least damage by such proceedings, since our provings inform us how long such substances act, and we are thus enabled to avail ourselves of our provings; whereas the physiological school, being destitute of all points of support, attacks the organism repeatedly in accordance with the law of causation and inflicts damage without being conscious of it. But within the pale of orthodox Homœopathy, it is only on penalty of exclusion that any thing that looks like a drug, dares to be given to obtain such mechanical results. Orthodox Homœopathy has sworn allegiance to dynamics a conception that had to stroll from the domain of mechanics into that of therapeutics, with this distinction that in therapeutics very different things and ideas are associated with this conception, in therapeutics forces without objects, catalytic forces, etc. in mechanics laws of movement.

"The reason why orthodox homœopathy is afraid of acting differently from what the law of similarity seems to prescribe, is owing to the keeping up of the antagonism between allopathy or physiological medicine, and homœopathy. In the former the law of causation is indeed the only guiding maxim, in the latter it is the law of equality of action and reaction. Both are natural laws, a correct acquiescence with which cannot be a mistake; both however have their boundaries beyond which they are no longer entitled to authoritative regard."

This language will, undoubtedly, displease a large number of

homœopathic physicians, more especially those among them whom Grauvogl nicknames dynamists. Yet, with certain limitations, his language expresses a truth. The homœopathic law does not supersede all the practices that may be required for the cure of disease, or the relief from pain. The whole range of palliative medicine seems to lie outside of the homœopathic law. Page 83 of his second volume Grauvogl expresses himself as follows:

The employment of palliatives which, many years of Homœopathic practice have taught me to consider as indispensable, is demanded

a. "By all painful sensations which can no longer be overcome by the law of alternate action, but have to be overpowered by substances in their massive condition. Palliatives are most generally required by degenerations of the more vital organs, carcinomatous swellings in these organs, incurable hydrothorax, irreducible cardiac hypertrophy with asthma, etc. In such cases it is a physician's duty to interfere with anodynes directly, except that the tincture of opium should be preferred to Morphine, either internally or in the form of watery injections, the quantity being increased from three to eleven and frequently even to forty drops.

b. Noxious substances which are retained in the alimentary canal, have to be removed at times by an emetic, at other times by a dose of castor oil, or by a dose of salts, (the salts of Carlsbad proved by Dr. Por-ges.)

c. A solution of the Iodide of Potassium acts chiefly in proportion to the removal of its water, and absorbs ozone only in the proportion of thirty or sixty grains to three or four ounces of water. For such purposes, its action in a homœopathic dose is equal to zero.

d. If the degeneration of organs has led to incurable dropsy, owing to inadequacy of the process of sanguification, life has to be prolonged with palliative means, such as the so-called diuretics of the physiological school.

e. "In the case of phenomena which can be directly reached by chemical means, as in the case of sour stomach, the bicarbonate or lactate of Soda has to be administered until a cure has been effected by Bryonia, etc.

In every case where a cure has become an impossible fact, palliative relief has to be afforded. If this relief cannot be obtained by the molecular preparations of Homœopathy, it has to be procured by drugs in their massive form.

These are not deviations from the homœopathic law; these are rules of practice indicated by common sense and an ordinary feeling of humanity. We cannot help admiring and commending the liberal spirit which breathes throughout Grauvogl's work and which seems to culminate in the following paragraph, page 125, Vol. II:

"The public demands physicians who do not profess any one system exclusively, and who, consequently, would only be able to afford help in a one-sided manner; for Nature is not governed by systems and theories of human invention. The public demands physicians that are allopaths, hydropaths, homœopaths, followers of Rademacher, etc.; they must know by study and practical experience what each of these systems is capable of accomplishing."

Is this expecting too much of a practitioner of medicine? We hold that a homœopath should be thoroughly acquainted with everything that is taught in the medical colleges of the dominant

school, and with every means of relief that may increase his knowledge as a humane and successful practitioner. If this should lead him to eclecticism, it will be an enlightened eclecticism of a higher order, which will prove to be the highest and truest form of a practical homœopathy, where low and high doses, palliatives and curatives will figure side by side in harmonious alliance, all of them subservient as they should be to the behests and necessities of the human organism.

Our fourth point is, that Grauvogl believes in the alternation of drugs as a principle to be advocated on scientific grounds.

What will the single remedy men say on reading Grauvogl's pronunciamento in favor of the alternation of drugs in acute as well as in chronic diseases? Our esteemed colleague Doctor Hering seems to have exclaimed, after reading Grauvogl's work, "At last a thinker!" At any rate we find this exclamation recorded among the flattering notices which Grauvogl's book has received in advance by those who know and some who don't know. It must be in acknowledgment of the compliment which our veteran friend has received at Grauvogl's hand who calls him the greatest drug-prover on the American continent. We say Amen to this well merited distinction; but how does the doctor reconcile his single remedy philosophy with Grauvogl's decided opposition to it? If, as we have been led to believe, doctor Hering is cheek by jowl with the single remedy clique of his latitude, let him abandon this bogus Homœopathy, high potentialism, single remedyism, Finkeism, and whatever other forms of homœopathic humbug Philadelphia may have hatched out, and let him fight under the banner of the liberal and progressive Homœopathy which is so nobly waved by Grauvogl and other writers of more humble pretensions.

But let us quote Grauvogl's own words in advocating the alternate use of drugs as a right and a duty, and at the same time show that, in advocating this practice, he is infringing the rules of orthodox Homœopathy. Page 86 of his second volume he writes!

"To oppose a morbid cause with a single remedial agent is one of the oldest principles of Homœopathy.

"I intend to show that this proposition like many others, altogether justifiable in most cases, yet cannot be adhered to under all circumstances either as regards the speed, safety, and pleasantness of a cure, or the existing laws of the organism; in undertaking this demonstration I am perfectly aware that I shall again violate the rules of orthodox Homœopathy. But then every body is privileged to act according to his own best judgment.

"It is well known that many Homœopaths give two remedies in alternation in one and the same disease, every hour or less frequently, more especially, as far as I know, Aconite and Belladonna.

"What now takes place during such a proceeding in the interior of the organism?

"We learn from § 114 that the use of Belladonna and Aconite, hence two very different causes, superinduces phenomena apparently similar in forms, but with very distinct functional and nutritive actions and reactions

in various organs, tissues, and cells; consequently these two medicines, if given one after the other, are capable of superinducing different movements without the effect of one being disturbed by that of the other. Moreover these movements and counter-movements of Aconite and Belladonna given in hourly alternation, cannot reach further than their incipient effects; they cannot be succeeded by any ulterior consequences, such as inflammation of tonsils, joints etc. On the contrary the action of Belladonna will remain directed to the blood disks and that of Aconite to the serum; Belladonna will continue to control the functions of the venous, and Aconite those of the arterial system.

Grauvogl relates a number of cases where two remedies were given by him in alternation; we will quote some of them.

In a case of chronic headache, which was finally cured with *Aranea diadema*, Grauvogl first prepared the patient for the use of this remedy by the alternate exhibition of *Nux vomica* and *Ipecacuanha*. He writes page 301 Vol. II.

"To diminish the influence of wet and cold I gave *Nux vomica* and *Ipecacuanha*. I observed at the same time that this object was less speedily attained if I allowed each remedy to act singly than if I gave them in alternation. For this reason I ordered *Nux*³ at 7 or 8 o'clock in the morning, and at six o'clock in the evening, and *Ipecacuanha*³ every two hours in the day in doses of three to four drops".

In a case of pneumonia page 311 Vol. II. the patient felt one day better, the next day worse, and worst about 8 o'clock in the evening; notwithstanding an unceasing perspiration and warm cloths on the abdomen, he felt chilly all the time. For these symptoms *Nux vomica* and *Ipecacuanha* were given every two hours in alternation. Next day he felt better, but the chilliness continuing after the lapse of eight days, he received *Aranea diadema* and *Nux vomica* in alternation every hour. Under this treatment the patient recovered.

Page 315, vol. II., the following case is related: To prevent acute hydrocephalus Grauvogl ordered *Sulphur*^o one day and *Calcarea phosphorica*^o the next day, to be thus continued in alternation during pregnancy. The woman had already lost two children of acute hydrocephalus. *Sulphur* was given to form tissue, and *Calcarea* to form bone. The patient gave birth to two children who remained robust and healthy, owing to this prophylactic treatment.

Page 319, vol. II., we read the report of a case of chronic sycosis of many years standing. Grauvogl ordered *Thuja* 30 morning and evening, and *Natrum sulphuricum* 3 every hour during the day. This treatment was continued off and on for months.

Page 329, vol. II., we have the following case reported: A young lady of 23 years had been treated by Grauvogl with alternate doses of *Nux vomica*³ and *Ipecacuanha*³ for loss of appetite, sleep and strength, with pain in the small of the back down the right lower extremity, aggravation of the symptoms every afternoon about 3 o'clock, which was attended with chilliness, follow-

ed by dry heat and subsequently a somewhat debilitating perspiration. The patient was considerably relieved by the treatment.

Six months after, the doctor was again sent for. He found the patient with the following symptoms: The patient had not left her bed for several months; the liver and spleen were enlarged; the pain in the back had spread along the ribs of the right side as far as the sternum; three of the thoracic vertebræ were exceedingly and persistently painful on pressure. The whole of the right side of the body felt as if paralyzed; the right arm and lower limb could only be moved with difficulty. Every evening about 5 o'clock she was attacked with spasmodic stretching of the limbs, vomiting, chills, followed in half an hour by heat, and in one hour by perspiration which lasted all night. During the remission the pulse numbered 60 beats; the tongue had a thick yellowish coating; the patient complained of a bitter taste, loss of appetite, constipation; the menses had ceased for two months, the region of the liver and spleen were painful on pressure; urine alkaline, with copious sediment of salts of soda. The symptoms again pointed to *Nux* and *Ipecacuanha*. These two remedies were given in the third attenuation without producing the desired effect. The doctor now decided to give them in the 30th attenuation in alternation every two hours. In a short time the patient was restored to health.

Page 329, vol. II., Grauvogl writes:

"In order to show the efficacy of the high potencies we will point to a case that cannot be gainsaid by sceptics. They have undoubtedly often been called upon to treat intermittent prosopalgia caused by the action of malaria, and they must have found that *Arsenicum*³ and *Nux vomica*³ have the very best effect when given in alternation every half hour; but under this treatment medicinal symptoms are not wanting. Very frequently this horrid pain is cured in a much shorter time and without any medicinal aggravations in two or three days, if both remedies are given alternately every hour in the 30th attenuation."

This last case shows that the 30th potency is called by Grauvogl a high potency. He does not seem to ever have made use of higher attenuations than the 30th.

Our fifth point in reviewing Grauvogl's work, is that he believes that Hahnemann's doctrine of psora is in many respects founded in truth.

At the present time, a majority of homœopathic practitioners either reject or ignore Hahnemann's doctrine of psora. We are free to confess that we regard Hahnemann's assertions concerning the dangerous consequences of the suppression of the itch-exanthem, by washes or ointments as extravagant; we certainly have cured case after case of the most inveterate itch with horrid looking tumors in the axilla, in the elbow and finger joints, on the chest, etc., by the persistent use of the Sulphur-ointment, without observing a trace of untoward consequences for months and even years after. Yet the injudicious and indiscriminate suppression of the exanthem by external means may entail dan-

gerous sequelæ. This is even admitted by such writers as Headland on the "Action of Medicines."

Grauvogl mentions Dr. Reuter of Nuremberg, as having communicated to him the results of many years of observation according to which the progressive development of the itch dyscrasia is characterised by the following abnormal conditions, provided, of course, the chronic malady is not interfered with by medicinal agents: 1 gastrosis; 2 catarrh; 3 hæmorrhoids; 4 sweaty feet; 5 hoarseness; 6 headache and toothache; 7 sore eyes; 8 sore ears; 9 prurigo of the trunk, furunculosis; 10 swelling of the cervical glands; 11 rheumatism; 12 swelling of the axillary glands. Page 193 vol. II Grauvogl refers to this series of chronic ailments, and otherwise expresses himself regarding the correctness of Hahnemann's views regarding psora in the following terms:

"A physician of large practice, even if he had practiced only for ten years, will remember many cases in a number of families which do not allow him to reject Reuter's observations however strange they may at first sight appear to the followers of Rademacher or of the physiological school.

"All that these gentlemen know of the itch is that a little mite, the *acarus scabiei* produces it. If they had been practical physicians 25 years ago, at which period itch-forms of the most inveterate and most extensive kind might still be seen, they would have found that many of these itch-patients were not only afflicted with this eruption, but not unfrequently at the same time with an intense fever, inflammations of every kind, etc.; that after the destruction of every mite and after the removal of the copiously secreting exanthem, such diseases rapidly terminated fatally or left some chronic malady behind, hence that these violent phenomena which habitually succeeded the itch, would not depend upon the existence of the acari alone, but must, in a measure, be occasioned by their specific excretions in the blood, provided historical facts do not justify the inference that the acarus itself is not always the cause, but often rather the consequence or final product of the itch. But because the acarus, thanks to the measures enacted by the police authorities, has become much less frequent; because it is extirpated as soon as the first symptoms of its presence are perceived, and its further spread by the act of propagation is rendered impossible; and because, on account of the extraordinary decrease in its number, it is rendered comparatively harmless in proportion to what it was when billions of it infected the human skin; because, furthermore, modern Physiology, Pathology and Therapeutics are feeble products of our time, and the history of medicine seems to have been written in vain for the cultivators of these sciences, these gentlemen permit themselves, with the most indescribable short-sightedness, the most mendacious misstatements about Hahnemann, Autenrieth, etc."

Hahnemann's trinity of psora, syphilis and sycosis, seems to have suggested to Grauvogl a corresponding trinity of constitutions, the hydrogenoid, oxygenoid, and carbo-nitrogenous constitution. With each of these constitutions, Grauvogl connects a certain order of remedies. We have not been able to attach as much practical importance to this classification as our illustrious author seems anxious to do. The scheme is ingenious, but the respective boundaries of the different constitutions are not drawn with sufficient precision to supersede the great

therapeutic law of Homœopathy, which here, too, reigns supreme, and whose application can, at most, only be facilitated by these and kindred speculations.

The sixth point in our review of Grauvogl states the fact that he believes in the law "*Similia Similibus*" as a principle of cure whose sphere of action is limited by definite boundaries; that it is not a sufficient guide in all cases; that it does not supersede the principle "*Contraria Contrariis*," and that these two principles reciprocally complete each other.

This has already been fully shown in the second point of our series. But we have not yet done with a subject which evidently occupies a prominent place in the mind of our author. He has devoted many pages of his interesting work to an exposition of the leading principles of Rademacher's etiological system. He believes and asserts that this system is in many respects, entitled to the respectful attention of homœopathic physicians. In many cases where the pathogenetic series may fail us in consequence of its incompleteness, it is Grauvogl's belief, and indeed he illustrates his belief by a striking example, that the etiological view of a disease may enable us to complete the series by a process of deductive reasoning, and by this means, to effect the most brilliant therapeutic results with the simplest and most commonly used remedial agents. Such a result is beautifully and most instructively narrated, page 263 of the first volume of his work.

"How the indications of Rademacher's school can be employed to advantage," writes Grauvogl :

"How the indications of Rademacher's school can be employed to advantage, I can best and most succinctly show by an example from my own practice.

"For those whose minds have become identified with the dogmatic views of the Schools, it is no small matter, it is true, to forget in Rademacher's sense, and to entirely renounce the notion taught by the Schools that pathological forms constitute so many idiopathic diseases; to disregard them, their stages, their intensity, and even every localization of the morbid cause; in one word, to be simply guided by the indicatio ex juvantibus et nocentibus in order to select in any disease some other unusual remedial agents empirically. But a practical example will illustrate this much more clearly than theory.

"Some years ago the measles broke out in my large district epidemically with great intensity, and not unfrequently attacked even adults.

"During the violent fever in the stage of incubation, the exanthem made its appearance under the exhibition of *Aconitum napellus*, and with abatement of the fever, on the very first or at the latest on the third day. There was sometimes a second crop, or even a third, and this, as a rule, ended the attack. In cases of retrocession of exanthem, with symptoms of meningitis or pneumonia, which, however, never occurred to me in my own practice under the use of *Aconite*, but which I had to take charge of from the practice of other physicians, together with all the fatal accidents, the exanthem, accompanied by a profuse transpiration, reappeared upon the skin in luxurious abundance two or three hours after the exhibition of *Aconite*, and the children were saved. I must here add that I administered this remedy which, when given in the ordinary quantities of the physiological school, is exceedingly hurtful, in the small doses of homœopathy.

"In badly managed, or in neglected cases which so frequently occur among poor people, the most disagreeable sequelæ were apt to set in, such as chronic bronchitis, swelling of the parotid glands, fungoid growths of the Schneiderian membrane even to complete occlusion of the nasal cavities; exudations at the bottom of the orbits (exophthalmic goitre); inflammations and swellings of the elbow, wrist, knee, and tarsal joints, some times of all these joints at the same time; anasarca in consequence of chronic desquamative nephritis, etc. Every therapeutic attempt according to the most precise allopathic and homœopathic indication for each of these single forms of sequelæ in small as well as large doses failed me. The same thing happening to my colleagues of the physiological camp, I might have derived comfort from their mishaps. Finally, when nothing could be lost, and it was proper to try every thing, I gave to one portion of my patients iron, to the other copper, and to the third Natrum nitricum. The consequence was that on the following day all my patients without an exception were much worse. What was now to be done? It is very probable that the interested public did not find this want of success strange; many of my colleagues lost a number of patients during the uncomplicated measles-process, and still more in consequence of the retrocession of the exanthem. Neither of these accidents happened to me under my treatment. When attacked by these sequelæ, most patients perished under the physiological treatment very speedily. Notwithstanding my failures, I considered it my duty not to abandon the hope of discovering saving remedies. He who has never found himself placed in such a situation, or who is sufficiently indolent to lull his conscience with the subjective persuasion that art and science have exhausted their resources and that there is no remedy for death, of course does not comprehend how many sleepless nights have to be sacrificed over such studies, and if I offer the following statements, they are much more easily read than the knowledge imparted by them was acquired; many of my readers may find these statements so trivial that they may suppose nothing new is communicated in them and that they are quite plain and simple. *But it is precisely the plain and simple things which remain hidden to unpractised observers much more than complicated ones, and it is an unmistakable criterium of the practised art of observation to discover the most simple remedies for the most complicated diseases.* It is true that this time my discovery was nothing new generally, but not one of my colleagues had so far suspected any thing like it; at any rate these, as well as many other things which I publish in these pages, and which will be found irrefutably correct in theory as well as in practice, remain to this day untaught by any Professor at the fountain-heads of Science.

"Dr. Latz is the only one in the whole domain of the literature of all medical systems and methods who furnished me a point of support. Although I cannot accept everything that he advances, yet he made the discovery that at certain periods various forms of disease are not exclusively curable by copper, iron, and the nitrate of potash, nor by the organ-remedies, but frequently only by remedies that generally correspond to the form of an epidemic disease.

"If this be correct, Aconite alone, as it cured the measles disease itself, must likewise cure its sequelæ. All those children, with the most diversified forms of sequelæ, now received Aconite which, already on the following day, produced such an exceedingly striking improvement in all these complications that even the parents of the children did not fail to perceive it. It is unnecessary to recite the various cases one by one and to relate the further course of the disease; suffice it to state that under the influence of Aconite every child, according as the sequela was more or less extensive or severe, got well in eight days or at most in a fortnight; only in a single case the Schneiderian membrane had begun to slough, which specific process of decomposition could not be arrested by Aconite, but had to be arrest-

ed by Arsenic, after which the scurfs dropped off in six days, and this child likewise was cured.

"I have yet to add that after the exhibition of small doses of Aconite dropsical patients perspired and passed profuse quantities of urine, and that the albumen disappeared from the urine in a few days; that the raging pains which accompanied the articular inflammations, abated in a few hours and re-absorption rapidly took place; and that the swelling of the parotids and the protrusion of the eyeballs likewise disappeared. In three cases similar effects were produced amid the re-appearance of the measles-exanthem, and the chronic catarrhs healed amid profuse expectoration. My colleagues continued to give their anti-phlogistics, diuretics, sudorifics, expectorants, resorbents and a mass of other drugs, but they were unable to achieve any favorable results.

"In this example we have become acquainted with Aconite as an organ-remedy in Rademacher's sense, and likewise with its value as a specific remedy of a tolerably comprehensive range, in other words with the law of its specification, of its various forms of action and reaction in the organism; in the present instance with its action upon the brain and the thoracic organs, upon the serous and fibrous tissues, upon the skin; upon the eyes and fauces; upon the kidneys and the nature of the urinary secretions, and in consequence of all this, with its anti-febrile action. By this means the far-reaching significance of a remedial agent, if it is to be employed as a specific, becomes as clear and evident as the necessity of the study of the provings of drugs and the extensive knowledge of such provings which a physician has to possess if he desires to be able not only to account to himself for the effects of the prescribed drugs, but likewise to determine in advance their curative results by a process of deductive reasoning * *

"A homœopathist will undoubtedly object that there was no need of this etiological indication, since all these cases and their sequelæ according to the principle "*Similia Similibus*," must have been subordinate to the action of Aconite. I admit this, indeed I have to admit it; but how many hundred cases are in accordance with this principle, under the same influence without a homœopathist suspecting the necessity of giving Aconite simply because the conditions and circumstances which accompany a disease, are not always marked with sufficient distinctness. I do not wish to reply that it is easier to judge and to censure after the fact than to do better; indeed these cures would not have been possible if Aconite had not indicated by the principle of similarity. Of course this proves nothing against homœopathy, but homœopathy will have to admit, that notwithstanding its principle, it not unfrequently wavers in the selection of its remedies, for the reason that they are not yet proved with sufficient comprehensiveness, and that on this account, it might be glad to avail itself of other points of support which are furnished by these very etiological indications for a number of cases and which are, and always will be of inestimable value, and moreover acquire the force of law as soon as we succeed in connecting them with natural laws in relations of dependence.

"For this reason I again refer to practical results. The objection made by the homœopath requires that I should furnish the sequel. This measles epidemic was succeeded almost immediately by epidemic scarlatina. For years past I had been acquainted with the specific effect of *Belladonna* in this disease. It not only arrested in every case, and without fail, the specific inflammation on the skin with abatement of the fever and brought on the stage of desquamation without any severe complications, but it likewise prevented all the untoward sequelæ of scarlatina. In the present epidemic I perceived in the very first days of the attack the favorable effect of *Belladonna*, but it was much less marked. According to Latz, I suspected without hesitation a transition from measles to scarlatina, and I at once exhibited without any indication, and, for that matter, without any strictly speaking, homœopathic indication, Aconite in hourly

alternation with *Belladonna*. The result surpassed all expectation. It would be wrong to consider this as a conclusion *ex post*; on the contrary, it is a perfectly deductive conclusion where the major premise is known and, as such, forms the indication.

"Since then I have followed the observations of this truly etiological School with the greatest attention and, as a therapist, I owe it my warmest gratitude. It has often saved me from many embarrassments and, judging from what I have witnessed and experienced, will most likely continue to do so in more than one case."

The doctrines enunciated in this therapeutic fragment have been enunciated and practiced by us for years. But the curse of an abject symptomism has blinded the professional eyes of our brethren to such an extent that it is only here and there that they have succeeded in struggling through the thick crust of prejudice and stolid ignorance against which all more rational and more philosophical views than the ruling faith of the schools have to struggle as against an unconquerable bulwark of stone and iron. It is true our doctrine has not been expressed in the etiological formulas of Rademacher, but we have virtually said the same thing over and over again; we have said and we do say that, the pathological series being given,—and thanks to the efforts of the leading men of the dominant school, it has now been constructed and reconstructed until it is all but perfect,—the pathogenetic series can be completed by a process of deductive reasoning provided the exact starting point of the drug's action in the organic tissues is exactly known. Availing ourselves of this philosophy and the light it sheds upon the action of drugs and their use as remedial agents, we have employed the very agent that has produced such remarkable results in Grauvogl's hands for years past in the very disease, measles, where Grauvogl was led to use *Aconite* by seeking refuge under the banner of Rademacher. We are thankful to our author for having advocated with his more powerful pen a philosophical theory that our own feeble efforts have tried in vain to place above the contemptible symptomism of the cliques.

It is no easy task to do justice to a writer of Grauvogl's scope and magnitude. He abounds in suggestive views and inferences; he loves and utters what he believes to be the truth, even at the risk of losing popularity. Thoroughly versed in pathology, yet he is no blind worshiper of its pretensions. "Nevertheless" he writes page 76, Vol. I.

"We will not grieve over the mistakes of pathological investigations, since their authors fared like the alchemists when they undertook to make gold. They did not discover it is true, this philosopher's stone, nor could they have done so, but they laid the foundation for chemistry and physics. All we intend to show is that the guiding maxims of the physiological school are false and do not lead to the intended result; that, on the other hand, they have laid the foundation for a scientific physiology and pathology, but no foundation for therapeutics."

This is acknowledging all that the physiological school has a right to claim. On the other hand, Grauvogl takes down con-

siderably of the importance which the devotees of that school attach to their various mechanical contrivances for the diagnosis of disease. Page 221, vol. II., he writes:

"I hold that much more is done for the practical physician, for the most important part of his vocation, for the practical part, by him who enables a practitioner to do without the microscope and without all time-robbing chemical investigation, than by him who makes diagnosis, prognosis and indications to depend in all cases upon such mechanical aids and who for want of the necessary knowledge and the art of observation is reduced to such shifts; for the practical physician would finally have to resort to a baggage cart if he would carry all chemical and physical utensils along with him, and a day would have to be ten times as long as it is if he really required them in his daily business. This however, is so little the case that I have often cured chronic patients residing at a distance of upwards of a hundred miles without ever seeing them; more particularly a number of cases of fever and ague that had been treated with quinine and arsenic by physicians of the physiological school; likewise, without seeing them, many acute diseases although they were near enough to be seen by me without much trouble."

Poor Grauvogl, he uses Quinine; he has made some brilliant cures with Quinine; he does not know that Quinine has been ostracised by a few, a very few narrow-minded, puerile dogmatists in these great United States of ours, even in these Western States. Occasionally one of their scurrilous denunciations of the men who dare to use Quinine finds its way into print, to the great disgrace of homœopathic journalism, which should never be allowed to be used as a cloaca into which all kinds of filth may be poured by any dirty scribbler of our school. For the benefit of these Quinine haters we will mention some of the cases with which Grauvogl has adorned the pages of his work. Page 120, vol. I., he justifies the use of Quinine in fever and ague on the broad ground that it is specifically homœopathic to some forms of this disease. We quote:

"The conception of a specific remedy expresses the mutual relation existing between it and parts of the organism, which has to be ascertained empirically by physiological provings of drugs. For some part of the organism it is a relation of immunity, for other parts one of attraction, for others again one of repulsion, and always *vice versa*. For instance, there is a specific form of fever and ague which, for these very reasons, is cured by Quinine, a dose or quantity of Quinine being given which corresponds to the intensity of the attack."

Page 132, Vol. II., Grauvogl reports a case of exanthematic typhus where he gave Quinine and the nitrate of silver in alternation.

Page 143, Vol. II., a case of tubercular pneumonia is approvingly reported by Grauvogl which was chiefly cured with Quinine in grain doses.

Page 277, Vol. II., Grauvogl reports the case of a young woman whom he had repeatedly treated for spasmodic asthma. Having resided near the water for a year past, she was attacked with a quotidian fever and ague, with increase of the stitches in the side and cough during the paroxysm. Both these symptoms dis-

appeared during the sweating stage of the paroxysm. *Nux vomica* and *Ipecacuanha* arrested these attacks in three days, but only temporarily, for the following summer she had a relapse, which now was accompanied with a distinctly puriform and blood-mixed expectoration. Quinine³ removed all these symptoms in ten days,

Page 309, Vol. II., Grauvogl reports the following interesting case:

"I was consulted in the case of a lady with desponding mood, distinct mucous rales in the right upper half of the thorax, clear percussion sound in the left and right side of the thorax, puriform expectoration, constant desire to cough, with irritation under the sternum; the menses had remained undisturbed, appetite and sleep were good, pulse 72; the face was pale and thin, but had not yet the expression of a tuberculous individual; the patient always had two well days, and every third day she felt worse, except in wet weather when her sufferings were the same every day; her physician had never heeded these symptoms, nor the circumstance that she had always cold hands and feet.

There could be no doubt that this was a case of masked fever and ague of eight years duration; Quinine², every two hours, at once diminished the cough which ceased almost entirely on the eighth day. The patient gained in strength from day to day, and has enjoyed perfect health ever since."

We might add case after case from our own practice to this instructive list; we will content ourselves with briefly mentioning the case of a lady which excited a good deal of interest at the time we treated her. This lady was supposed to be far gone in consumption, and had been given up by her friends as a sure victim to the fell destroyer. She had had what was supposed to be homœopathic treatment for a month when we first saw her. She was emaciated; every day she had a chill followed by a burning fever and a drenching perspiration; her cheeks were flushed, she had a very distressing cough which was much worse during the fever; much dyspnoea, great prostration so that she was unable to leave her bed; she complained of a great deal of pain in her left lung where the respiratory murmur was no longer perceptible. She raised a puriform, blood-streaked matter. An examination of her case satisfied us that we had to deal with a neglected, or rather mismanaged case of fever and ague. We at once put the patient on small doses of quinine, and had the satisfaction of seeing her in full tide of convalescence in less than a fortnight.

Grauvogl is opposed to certain doctrines which have prevailed to some extent in the homœopathic school. We refer the reader to page 335, Vol. II., where the author expresses his opposition to the doctrine that an infinitesimal dose acts antagonistically to a large one of the same drug; and to this other doctrine that the quantity of the dose is inversely proportional to its effect; he considers these doctrines, if taken in an absolute sense, as false and absurd.

It seems to us that Grauvogl claims too much for homœ-

opathy in his critical allusion to Niemeyer's recent work on Practice. Page 298, Vol. II., he says:

"It is a well known fact that there are men who call themselves homœopathists for the sake of practicing quackery under her banner; it is likewise known that they require five to six weeks to cure a gonorrhœa, and that a scanty discharge often remains unchanged for months and even years. Yet it is likewise well known that the average period for the radical cure of gonorrhœa by homœopathic remedies is 21 days, if complications are present, and only 5 to 13 days if no complications exist."

If these lines had been written by a man of less note than Grauvogl we should regard them as a piece of charlatanism. We do not know what kind of a gonorrhœa physicians have to deal with in Nuremberg; if they can cure gonorrhœa in five days homœopathically, it certainly differs very greatly from the American form of this disease. We have heard very many homœopathic physicians of skill and experience complain that they cannot cure gonorrhœa by pursuing a strictly homœopathic treatment. We know that gonorrhœa has been aborted by a nitrate of silver injection if resorted to at the very moment when an irritation was first perceived at the urethral orifice. On the other hand we know that it is the commonest thing in the world for skillful and conscientious homœopathic physicians to resort to injections in the ulterior stages of gonorrhœa. Bæhr recommends injections of claret and tannic acid; in our own practice we use with striking benefit an injection composed of the following ingredients: 20 grains of quinine dissolved in a little dilute sulphuric acid, eight ounces of water: 20 grains of sulphate of zinc, and half an ounce of the tincture of opium. This injection likewise proves of great service to females.

There is one other point where we cannot agree with our distinguished author. He seems to claim that in the homœopathic ranks everything is lovely and breathes an air of sweet peace and harmony. Speaking of the antagonism and changeableness which prevail in the physiological school, he refers in the following unctious terms to the peaceful developments going on in the bosom of homœopathy; we quote from page 29, vol. II.:

"Such disheartening occurrences do not take place in Homœopathy, although her drug-provings exhibit apparent contradictions. But in such a case the issue is not whether a thing is so or not; if a thing was once seen and observed, it is not all at once, in the very next moment, denied again and rejected, as though the observation had been erroneous; but the results obtained are accepted for the time being as facts until they are accounted for in harmony with natural laws. No other criticism is indulged in; homœopathy frowns down all petty subjective opinions which contend for superiority as if they were law and gospel; it is well settled that every subjective inference and opinion is not only null and void, but even far below this level. . . . In proving drugs no homœopathist professes to be more authoritative than any other, but to present facts in accordance with definite rules; in this manner we obtain useful and practical material, which is decidedly more advantageous than an authoritative ought."

Our good friend has evidently not resided in Michigan. And

have they not their own little squabbles in Germany? Page 92, Vol. I., Grauvogl writes:

"The editors of the "Zeitschrift für Homœopathische Klinik," are not very choice in the things which they make bold to lay before their readers for their perusal. Thus we find in this publication, under date of September 1st, 1864, the assertion which is presented as a self-evident truth: "If the cause of the disease continues to act, the patient who is exposed to it, cannot be permanently restored." As a confirmation of this proposition, the "known" fact is alleged that in fever and ague districts, while the malaria prevails, fever and ague cachexias are frequently developed in spite of the exhibition of the specific Quinine, and that these cachexias can only be cured by the employment of radical means, viz., the removal of the patient from the unhealthy locality.

"Assertions like these are indeed made by inexperienced physicians, but they are dished up to the readers of journals as a means of wasting time. In the first place, Quinine is a specific only for single forms of fever and ague which are sharply delineated in homœopathic diagnosis; in the second place we cannot remove all patients from their unhealthy abodes unless we choose to provide them with the pecuniary means of accomplishing such a change; in the third place, not heeding this advice, they have been permanently cured of their fever and ague notwithstanding they remain in their marshy localities, not only by me but by a number of other homœopathic physicians who know how to meet homœopathically the constitutional conditions for the production of fever and ague; in the fourth place, it must be admitted that it is not in spite, but on account of the improper employment of Quinine that a so-called fever and ague cachexia, which is really a Quinine cachexia, often arises."

And again page 245, Vol. II., when alluding to the injustice which Grauvogl thinks has been done him by his critics of the physiological school, he refers to his homœopathic opponents in the following strain of bitter satire:

"My kind opponents in the homœopathic camp may likewise deem it an honor to adhere, without any further examination, to these subjective views which do not contain the least scientific counter-proof (see *Neue Zeitschrift für hom. Klinik*, July 1, 1865); they are perfectly welcome, and have been for a long time past, to declare all my labors *à priori* and *à tout prix* useless and below par, as is their wont, and as long as it suits their scepticism and their dogma."

A man who thinks must expect to rouse opposition. We have often taken the liberty of criticising the labors of our contemporaries; we have often criticised them very sharply; a healthy criticism is a grand lever of progress in all things. And then, notwithstanding the suggestive richness of Grauvogl's writings, he has said a good many things that not only admit of a difference of opinion, but are calculated to call forth a decided and well founded opposition. The management of some of his cases, for instance, is fairly open to criticism. In other cases Grauvogl evinces a remarkable naivete in admitting results apparently upon the principle of *post hoc ergo propter hoc*. Page 100, vol. II., for instance, a case of cataract is described which a dose of calcarea seemed to improve, but the doctor having the misfortune of administering a few additional doses of calcarea, a

horny hardening of the lenticular capsule was produced which compelled him to couch the cataract.

In case of typhus abdominalis, page 123, Vol. II, *Carbo vegetabilis* is supposed to have induced coldness of the extremities, increasing shortness of the respiration, increase of thirst, bloody froth in the expectoration, with frequent paroxysms of cough as in pneumonia.

Page 127, Vol. II, we have a case of bronchio-pneumonia infantum, where *Calcarea* is supposed to have produced horrid paroxysms; the child was crouching in a corner, with a countenance expressive of fright and anguish, wild looks, cold hands and feet, excessively accelerated pulse, sudden paroxysms of cough with expectoration of such quantities of mucus that the child would cry out, with danger of suffocation.

We have not a particle of faith in the doctrine that these symptoms were caused by the small doses of *Calcarea* and *Carbo vegetabilis* that were administered on these occasions, and we can only account for Grauvogl's belief in the genuineness of these symptoms as drug effects upon the ground that even great men are sometimes addicted to a foolish credulity.

Moreover, we have shown in previous paragraphs that Grauvogl is at variance with some of the most eminent members of our school in what they believe to be fundamental doctrines of Homœopathy, and that, in dissenting from them in other respects, he has failed to substitute higher and truer principles in the place of those which he condemns as absurd.

Grauvogl's definition of poison, page 96, vol. I., shows the confusion which darkens his mind in regard to the vital distinction between poison and aliment, a distinction upon which the whole superstructure of homœopathy in a measure rests. After a somewhat extended series of argumentation, which Grauvogl has failed to make conclusive, he arrives at the following definition: "Poison is a relative conception, not a scientific one; it means the noxious quantity of any quality; this is all that the silly dispute about poison or no-poison amounts to."

What! is there no essential, radical difference between Aconite, Belladonna, Arsenic, and—flour, spinach, strawberries, etc.? The elements of the former series are in harmonic relation with the abnormally, those of the latter with the normally-existing organism. It is upon this fundamental distinction that the science of homœopathy hinges. Grauvogl has failed to see this; hence he has only succeeded in presenting a one-sided explanation of the great fact "homœopathy." In his view of the case the homœopathic remedial agent antagonises the morbid principle in a specific direction, whereas in nature's own household the homœopathic agent leads the morbid principle by the power of affinity from the recesses of the organism into its own more external, circumscribed, harmless plane.

Our task is finished; it is a feeling of respect for the distinguished author that has prompted us to present this extensive review of Grauvogl's work; yet, while we hail his work with gratitude and joy as the harbinger of a brighter day in the annals of our school, we are free to confess that, in our humble opinion, the grand synthesis of homœopathy has yet to be written.

GRAUVOGL'S LEHRBUCH DER HOMŒOPATHIE.

TRANSLATED BY GEO. SHIPMAN, M. D.

EDITOR OF THE OBSERVER:—Permit me through your widely circulated journal, to call the attention of Homœopathic physicians to Dr. Shipman's translation of Grauvogl.

I have not made such acquaintance with the work as to entitle me to attempt to speak of all or even of a moiety of its merits.

But having been permitted, through the kindness of the translator, to read some of the proof sheets, I have been so impressed with the superiority of the work as to desire that a copy may be found in the possession of every Homœopathic physician and of as many laymen as they can induce to buy it.

No other book will so thoroughly arm the advocate of Homœopathy against its assailants. It is an organon of Homœopathy which is (so far as my limited attainments enable me to judge) abreast of the most advanced science. Characterized by deep and logical thought, as well as by varied and exact learning, it will command the respect of the ablest and most learned of the old school, and whether they are pleased or displeased, they can not fail to be impressed by the singular ability with which its author handles their leaders and smashes their idols. It is a masterly work; and every Homœopathist may feel assured, that with its help, he can silence if not convince his opponents, provided they have the brains to understand it.

Very truly yours, H. P. GATCHELL.

BOOKS, ETC., RECEIVED.

MATERNITY; a popular treatise for young wives and mothers; by T. S. Verdi, A. M., M. D.

PLANS AND SPECIFICATIONS for the Model House.

INDEX TO BRITISH JOURNAL OF HOMŒOPATHY, vols. 1 to 27.

BRITISH HOMŒOPATHIC PHARMACOPEIA.

THE REMEDIES WE USE.

SCARLET FEVER; by Frederick Smith, Esq.

FŒTICIDE, OR CRIMINAL ABORTION.

SKETCH OF THE TREATMENT OF CHOLERA; by M. Lá L. Sircar, M. D.

THE SWIMMING BATHS OF LONDON.

MAGNETIC TREATMENT; by I. Seiler, M. D.

LEGITIMATE MEDICINE; WHAT IS IT.

These will be noticed hereafter.

Diseases of Women and Children.

PROF. THOMAS NICHOL, BELLEVILLE, ONTARIO, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. VII.—SCARLATINAL CROUP.

Scarlatinal Croup is a phase of disease to which exceedingly little reference is made in the medical books of any school, and yet, though it is fortunately unfrequent, it requires skill and promptitude more than any other complication of scarlatina. Objection may be made to any separate paper on this subject as the malady forms one phase of a general disease, and hence should be described with that disease. However, on account of the dangerous nature of the complaint and also in view of the fact that no essay on the subject is contained in the literature of our school, I have thought best to include the following essay in the present series.

Scarlatinal Croup, then, is a secondary inflammation of the larynx, occurring almost exclusively in the most malignant forms of scarlatina when the whole mass of fluids has been vitiated. It may originate by extension of the inflammatory irritation from the pharynx, though it sometimes appears when the pharynx is but little affected.

Scarlatinal Croup is not a common phase of disease, for in the words of Prof. Trousseau "*scarlatina has no liking for the larynx.*" It may appear in patients of any age, but it seems to me to be most frequent between the ages of four and eight. I have never noted it in infants, and all my patients, except one, were under ten years of age. Both sexes seem to be alike liable to the disease.

In many instances, scarlatinal croup originates by extension of the well known sore throat of scarlatina, but in most of the cases I have observed, *exposure to cold* was the exciting cause.

The illustrious Sydenham—doubtless encouraged by the success of his cool regimen in small pox—thought that scarlatina patients ought to get up every day, even when the eruption was at its height. But scarlatina patients are much more susceptible to cold than small-pox patients; in fact, above all the eruptive fevers, scarlatina needs to be guarded against cold. All my fatal cases originated in exposure to cold. One wilful nurse stripped a little patient, at the height of scarlatina, to the skin and carried it about in a fireless kitchen for the purpose of “cooling the fever.” Scarlatinal croup came on, and the case was hopeless when next seen. Another woman kept her little one, sick of scarlatina, in a well warmed room during the day, but every night removed it to her own fireless bedroom situated at the extremity of a long, rambling farm house, and this, too, during the month of February 1868,—the coldest part of the most severe winter I ever saw in Canada. Here, too, the larynx was attacked with fatal result. During the past winter among other scarlatina patients I had one which made a fair recovery though the type of disease was malignant. After I dismissed the case, the mother kept the cradle exposed to the cold air blowing in through an imperfectly closed window, and fatal scarlatinal croup was the result.

Croup may come on during the early stages of scarlatina or it may be one of its sequelæ. It usually comes on insidiously, and, amidst the anxiety of a serious disease, it may be unnoticed for a time. There is at first a very slight hoarseness with muffled cough, and mingled gurgling and thrilling sound in the larynx; after the cough the gurgling disappears for a time. These symptoms are frequently preceded by a slight chill, followed by heat of skin and accelerated pulse, but this may easily pass without remark. At first there is no dyspnœa, but soon marked difficulty of breathing comes on, and then continues to indicate the degree of danger present, which is usually in precise proportion to this symptom. The patient involuntarily raises in bed and stretches out the head, while the eyes have an anxious and haggard expression. The cheeks are flushed and the eyes suffused. At this stage the tissues of the neck becomes swollen and infiltrated, and this of course increases the dyspnœa and hoarseness. There are no intermissions in this variety of croup; there is however a very slight remission in the morning and usually a very severe exacerbation during the hours imme-

diately before and after midnight. There is in a majority of cases a steady onward march of the disease, the dyspnœa increases, the respiration becomes more stertorous, the cough becomes hoarse, the strength fails, wild terrors and the ever-present feeling of suffocation prevent sleep, and finally the patient dies comatose or convulsed. But, on the other hand, under the influence of a well chosen remedy, the dyspnœa may decrease, the cough may become less frequent and less hoarse, quantities of membrane may be vomited or swallowed, and the sleep of the patient then announces that the pressing danger has passed away. In another group of cases, croup comes on suddenly and almost without warning. At one visit you leave your patient doing well, and, when you next see him, the case is hopeless or almost hopeless.

The progress of this disease is very rapid, even more so than pseudo-membranous croup. Most of the fatal cases I have seen lived only from two to three days.

The false membrane of scarlatinal croup is thinner, softer and less adherent than the membrane of pseudo-membranous croup; at the same time, it is less uniformly spread over the affected part. It is grayish or of a yellow color and is frequently associated with small quantities of pus, or it may be granular in texture and friable in consistence. But little fibrin enters into its composition and it rapidly decomposes. The subjacent mucous membrane is softened and of a dark purplish hue, while the sub-mucous areolar tissue is infiltrated; in fact, all the pathological appearances point to the localization of a degenerated blood-disease. Prof. Wood remarks that the membrane seldom extends, unless in small quantities, below the larynx.

In the great majority of cases, the diagnosis is plain, for the history of the case must be investigated as well as the present state of the patient. The only cases in which there is reasonable ground for doubt are those which Trousseau denominates *de-faced* scarlatina (*scarlatine fruste*) in which some of the most important symptoms of the malady are suppressed or non-existent. When, for example, there is no appearance of the characteristic eruption but severe sore throat with deposition of false membrane, it would be difficult to decide whether the disease was scarlatina or diphtheria, for a fetid smell exhales from the mouth and nostrils, the pulse is small and fluttering, the skin is pale and the temperature of the body is notably low. In such

cases, one of the best diagnostics would be the period at which albuminuria appeared for, as is well known, in diphtheria it appears early in the disease while in scarlatina it does not make its appearance till the case is far advanced. But in about one-fifth of diphtheritic cases there is no albuminuria and then the physician must look for other diagnostic points. There are two sources of fallacy in scarlatinal croup to which I would like to direct especial attention. The first of these will be found in the phenomena presented in a certain number of cases of scarlatina in which a quantity of matter in the posterior nares and upper part of the pharynx forms a mucous rhoncus which closely simulates croup. But here auscultation clears up the difficulty at once by showing that the larynx is not involved. In another set of cases, the tumefaction of the neck is so great that it causes stertorous respiration which bears a certain resemblance to croup. Here too, auscultation is of some value, but a better diagnostic is the absence of the hoarse cough. I look upon scarlatinal croup as being one of the most fatal of all the varieties of croup. It is more dangerous when it comes on at an advanced period of the course of scarlatina—say the tenth or twelfth day—than when it comes on at an early period. When the disease arises by extension from the pharynx to the larynx, it is even more dangerous than when it appears as an intercurrent inflammation. Tumefaction of the neck if of great extent, is an unfavorable sign, and when coma or delirium appear there is little room for hope. Much, very much, depends upon prompt recognition of the disease and upon equally prompt therapeutics.

But one of our weak points about our knowledge of scarlatinal croup is, that we have no well defined treatment such as we possess in so many affections, and I regret that I can only give a few fragmentary hints, derived entirely from personal experience. Here I cannot refrain from again pointing out the necessity of opposing the very beginnings of disease. "*Obsta principiis.*"

When recognized at an early period, *Aconite* is indicated in a majority of cases, but it should be used in the form of tincture as dilutions are merely a waste of invaluable time. I have great confidence in *Sanguinaria* and the confidence is derived from the fact that, since I have used this remedy, I have been much more successful than formerly. Lastly, *Kali bichromicum* is the *corps de reserve*, for these are the only remedies I have used.

A homely proverb says that "an ounce of prevention is worth a pound of cure," and I am strongly of opinion that inunctions of olive oil are preventive of scarlatinal croup as well as many of the complications and sequelæ of scarlatina. I use them in every case of scarlatina as follows: I direct one arm of the patient to be bathed lightly with tepid water, and then quickly dried, and, when thoroughly dry, a small quantity of pure olive oil is rubbed over the limb. Then the other arm is treated in the same manner, and so on, till the entire person has been bathed and anointed. As a result, the temperature is lowered, the irritation of the skin is allayed, and liability to take cold is almost wholly removed.

T. N.

ECLAMPSIA CURED BY BELLADONNA.

Was called to see Mrs. B— March 2d. Some 12 hours after parturition commenced, first confinement, seventh month of pregnancy. On examination found so sensitive a condition of vagina and os that even a digital examination caused almost unbearable pain. There was a great degree of ulceration, for which she had been treated some time previous by an allopath: membranes were ruptured after a few slight pains, indicating that the ulcerative process had reached them after the escape of water. I was told there had been no pain at all, not the slightest. I found left hand of fœtus protruding from vulva. Administered an anæsthetic, and proceeded to turn the child, which was not very easily accomplished after the long time that had elapsed since rupture of membranes. After delivery, uterus contracted well; no flooding. She presently returned to consciousness, talked some. I noticed excessive dilatation of the pupils, face extremely red, twitching of muscles, throwing back of head, staring eyes, etc. Engaged myself hurriedly to prepare some Bell.², about 12 drops in a few spoonfuls of water, before accomplishing which she was seized with most severe convulsions. I hastily put two spoonfuls of medicine, (prepared as above,) into the mouth, and happily, during the convulsive motions of the throat at the time, it went down instead of up. She remained fixedly in this condition some five minutes, when consciousness returned, and there was no renewing of the eclampsia.

No other remedy was used except cool water to the head. She recovered nicely, notwithstanding the necessary energetic treatment needed to deliver a fœtus thus held in a womb, firmly contracted upon all parts of it, fitting it like a glove.

Derby Line, Vt.

E. D. L. PARKER, M. D.

Materia Medica and Special Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

CLINICAL NOTES AND OBSERVATIONS RELATING TO BROMIDE OF POTASSIUM.

BY E. M. HALE M. D.

In Sleeplessness the allopathic school make extensive use of this medicine, for the purpose of inducing sleep. Brown-Sequard was I believe the first to point out its value in this direction. He says it is invaluable in persons attacked with a morbid increase of reflex-excitability. "Except when pain is one of the causes preventing sleep, I have found that this remedy has a wonderful power to produce quiet and refreshing sleep, without any drawback that I am aware of." He advises 30 grains one hour before the last meal, and 30 grains at bed-time.

Dr. Wm. A. Hammond, in his monograph on wakefulness makes nearly the same assertion, but limits its use to those cases where there is an excess of blood in the vessels of the brain. It is only by lessening the amount of blood in these vessels, he says that it can cause sleep. In sleeplessness from cerebral anæmia he says it should not be used.

Many allopathic authorities of high positions express great confidence in the sleep-producing powers of b. of p. and assert that no bad effects follow its use.

I am acquainted with many persons who habitually use this medicine for the purpose of causing sleep. They are persons who have done a great amount of mental labor, or have suffered from brain excitement. All the narcotics and nervines in common use failed to give refreshing rest, until they tried the b. of p. One person informs me he has taken 60 grains every evening for four years. Without his usual dose he does not get over an hour of sleep. Instead of injury to his health, he asserts that since commencing its use his general condition has improved.

Such a continuance of a powerful drug, must however prove eventually injurious.

The question in homœopathic therapeutics is, how can we use this drug in sleeplessness, according to the law of similia? It is quite important that this question should be settled.

The primary pathological condition caused in the brain by this bromide, is "*contraction of the cerebral blood-vessels.*" This condition according, to Prof. Hammond, is also the condition which obtains in normal sleep. Now as no drug causes a *normal* sleep when given in pathogenetic doses, neither can the bromide. It is a condition however, which closely simulates normal sleep.

If we restrict the homœopathic use of the bromide to conditions and symptoms simulating its primary effects, it must only be used in *sleeplessness from brain anæmia*, and the doses used must be very small, or we shall cause an unpleasant aggravation. Brain anæmia occurs in persons exhausted by long illness, in chlorotic and anæmic persons, or those suffering from great loss of blood or other vital fluids.

The secondary pathological condition caused by the bromide is "*distention of the cerebral blood-vessels.*"

With this condition comes sleeplessness from congestion, or excess of blood. How shall we use the bromide in this condition? Is it homœopathic! Shall we give minute doses? We can do so, but we shall get no results. Such at least has been the result of my use of it in such cases. But I have caused calm and profound sleep by the use of 10 or 20 grains, and the sleeplessness did not usually return. In some cases no permanent removal of the condition resulted. There are cases where the best chosen homœopathic remedies, in minute doses will fail, then it is that we should not hesitate to use the bromide, even if we have to use material doses.

On the brain.—The bromide ought to be primarily homœopathic to the *hydrocephaloid disease* of children, described by Marshall Hall, for then we have brain anæmia, from loss of fluids, constant drowsiness—coma—and even delusions. Many kinds of coma occurring in various diseases, are caused by an anæmic condition of the brain, and ought to be removed by this medicine. It ought to be secondarily homœopathic to that condition which results in apoplexy, with subsequent coma.

There is one characteristic indication for its use which ought to be mentioned; and may prove of value in the absence of

other symptoms. It is primarily homœopathic *when the pupil of the eye is contracted*, and secondarily when *dilated*.

In certain kinds of sleeplessness of infants, when no other remedy seemed to relieve, I have often succeeded by giving one-tenth of a grain every three hours. In two or three days normal sleep would return; the children were generally constipated, ate largely, had hot heads, and dilated pupils, and were very excitable. (*Hale*.)

Chorea.—In a woman at the 8th month of pregnancy; a very severe case—symptoms not given—cured in 8 days, by 30 to 40 grains a day. (*Gubler and Dumont*.)

°**Epilepsy.**—A child of 5 years had from 30 to 40 fits daily; cured in 15 days by 5 to 7 grains daily. (*Hillier*.)

°**Epilepsy.**—A child $3\frac{1}{2}$ years old had 30 fits a day; five grains every 2 hours arrested the fits while it was in the hospital. (*Hiller dis. of children*.)

°**Epilepsy.**—"The best results ever obtained in patients in whom the attack was markedly convulsive, and in some instances where there was an *aura* habitually preceeding the seizure—the *aura* would recur—but without the subsequent convulsions." (*W. Sanders*.)

(The same author remarks that in those cases in which the epilepsy was accompanied by an excited condition of the genital organs—this salt did appear to exert any peculiarly curative influence, as has been believed by some authorities. The experience of Laycock and others go counter to this statement. There is a kind of epileptiform spasms occurring chiefly in women, which are excited by excessive irritation of the genital organs. In these the bromide of potassium has in my hands been beneficial. Such attacks are apt to occur at or near the menstrual period. (*Hale*.)

°**Epilepsy saturnine.**—Epileptic paroxysms dependent on lead poisonings, relieved by large doses. (*McGregor*.)

°**Typhoid Fever.**—Cerebral excitement, simulating encephalitis set in. Leeching, cupping, mercury and tartar emetic in small doses—no improvement. Bromide potash 5 grains every 6 hours, cured the case. (*McGregor*.)

PAIN IN THE SIDE CURED BY KALI BROMATUM.

A thin nervous man, subject to asthma—pigeon chested,—and of very sedentary habits, was attacked in May, with severe sharp, aching and at times agonizing pain in the right side, at the point where the diaphragm is attached to the side. The pain did not change its location, but varied in character and intensity. This gentleman was treated by several eminent allopathic physicians, who blistered, mercurialized and otherwise tortured him. He was fed on quinine, opium, etc., but with no benefit. He then tried homœopathic practice but got no relief. This complaint was diagnosed as chronic hepatitis, plueritis, rheumatism and many other names.

In a moment of desperation or inspiration an allopathic physician gave him 10 grains of Kali bromatum every 6 hours. After the third dose the pain left him and he rapidly recovered his health and strength, which had suffered greatly during his illness which *had lasted four months!!*

About three weeks after, the medicine having been discontinued in the meantime, the pain returned but not severely, after some over-exertion. A few doses of the Kali bromatum promptly arrested the pain—and he has had no return of it since, now nearly a year.

What was the disease? In what organ or tissue was the pain located? I could not learn that any symptoms were present during its continuance, which were indications of hepatic disturbance.

I will not venture an opinion, except to suggest that it may have been a neuralgia — or myalgia, which is said by Hanfred Jones to be a neuralgia of the muscles.

E. M. H.

MATERIA MEDICA BUREAU.

The American Institute, at its session in Chicago in June, appointed the following as members of the Bureau of Materia Medica:

C. Wesselhoeft, M. D., Boston.	H. N. Guernsey, M. D., Philadelphia.
W. Williamson, M. D., Philadelphia.	T. S. Hoyne, M. D., Chicago.
Wm. E. Paine, M. D., Bath, Me.	W. W. Rodman, M. D., New Haven, Ct.
E. M. Hale, M. D., Chicago.	T. Bacmeister, M. D., Toulon, Ill.
J. P. Dake, M. D., Nashville, Tenn.	J. S. Douglass, M. D., Milwaukee.
C. Dunham, M. D., New York.	

At a meeting of the Bureau held on the last day, the following drugs were selected for proving and investigation, and were placed in the hands of those members who were present; the other members will soon select from the list and the work will go on.

Podophyllum—Drs. Williamson and Hoyne.

Cimicifuga—Drs. Bacmeister and Dake.

Ustilago—Drs. Hale and Guernsey.

Delphinium—Drs. Paine and ———

Any member of the profession having pathogenetic or clinical facts relating to these drugs, are requested to communicate them to those in charge of these medicines.

American Homœopathic Observer.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR.

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9. ADVERTISEMENTS should be sent by the tenth day of the preceding month. Transient advertisements must be accompanied by Cash, (One Dollar and a half for each hundred words.)

Deferred.—Devoting so much space to Dr. Hempel's review of Grauvogl, a large number of editorial and other articles are necessarily deferred.

Appropriations by the State of New York, and City of New York, to Allopathic and Homœopathic Charitable Institutions.—In addition to the amount of money specified below, the Hahnemann Hospital will receive, through special Act of last Legislature, 12 lots of ground near the central park worth \$100,000.

Grants made in the New York City Tax levy and in the State Charity bill in aid of the following named institutions.

	CITY	STATE
New York Homœopathic Dispensary,.....	\$ 1,000	2,000
Bond Street do do	5,000	1,500
Tompkins Square, do do	1,000	1,000
North Eastern do do Medical and Surgical Dispensary,.....	2,500	3,000
N. Y. Homœopathic Med., College Dispensary,.....	1,000	1,000
Western Homœopathic Dispensary,.....	2,500	1,500
Metropolitan Homœopathic do,		
Hahnemann Hospital,.....	10,000	20,000
N. Y. Ophthalmic Hospital,.....		2,500
Womans Medical College and Hospital,.....	10,000	10,000
Total,.....	\$ 36,000	42,500

HOMŒOPATHIC DISPENSARIES IN THE STATE AT LARGE, AND THEREFORE
ONLY ENTITLED TO STATE AID—NOTHING FROM THE CITY OF N. Y.

Buffalo Homœopathic Dispensary,.....	\$ 750	
Brooklyn do do,	500	
Morrisania do do,	500	
Poughkeepsie do do,	800	
Albany do do,	700	
Gates Ave. do do, of Buffalo,.....	500	
Total,.....	\$3,750	
N. Y. Dispensary,.....	\$ 1,000	6 000
Northern do,.....	1,000	500
Eastern do,.....	1,000	1,000
Demill, do,.....	1,000	1,000
North Eastern do,.....	3,000	1,500
North Western do,.....	1,000	
Yorkville do,.....	1,000	1,000
Harlem do,.....	1,000	1,000
Manhattanville Dispensary,.....	1,000	
Hoffmann do,.....	2,000	
N. Y. Med. College for Women—Dispensary,.....	1,000	500
Central Dispensary,.....	2,000	
German do,.....	1,000	600
Western Dispensary for Women and Children,.....	1,000	300
N. Y. Dispensary for Diseases of the Throat and Chest,	2,000	
N. Y. Dispensary for treatment of Cancer,.....		1,000
N. Y. Eye and Ear Infirmary,		1,000
N. Y. Infirmary Dispensary,.....		500
N. Y. Ophthalmic and Aural Institute,.....		1,000
Total,.....	\$20,000	\$16,900

The lots donated to the Hahnemann Hospital are located as already said near the celebrated and beautiful Central Park. The location is about as fine and healthy a one as could have been chosen. Its surrounding neighborhood is composed entirely of the private residences of the wealthier classes of the city. The access from all the parts of the city is or will be all that can be desired. To the exertions of Dr. SEEGER, the Medical Director of the Hahnemann Hospital and chief of the North Eastern Homœopathic Dispensary, the most of this success is to be ascribed. He has devoted his entire time and service gratuitously to the advancement of these Institutions, beside making donations to the hospital fund. Drs. Hallock, Bowers, Reisig, Marcy and Hunt, the able Editors of the *North American* deserve credit for their honorable and hearty support of Dr. Seeger.

THE FINCKE POTENCIES.

Our general editor with his team of ten has trouble in keeping some of his colts properly in the traces. You see, we recently had occasion to make "honorable mention" of the patentee of these potencies whereupon "E. A. L." with the "proof" sends the following objurgation: "Opposite 'we are only sure that they cannot be truthfully condemned without a fair trial' I have put a note of interrogation, and would advise you to modify it. I wonder how you can regard his potencies (?) as worthy of any consideration whatever. See British Monthly Homœopathic Review, March 1870, p. 187."

Our greatest objection to these potencies is purely ethical; we utterly abhor the "Yankee" spirit which actuates the patentee; we don't believe any one can combine the *physician* and the *apothecary* without producing a hybrid which consists of the worst features of both—a creature which is named like the cry of a duck.

However we have never prescribed, owned, or seen one single Fincke pellet, nor do we believe that we have been "called" to develop the possibilities of homœopathy "on this line." But we are an humble believer in that theology which inclines to give even the devil his due, and we purpose to deal just as charitably with Dr. Fincke.

Furthermore we are not inclined to think so highly as Dr. Lodge seems to do, of the *ipse dixit* of the English Monthly. We are disposed, as far as it is practicable, to get our opinions from under our own hat; poor they may be, but we shall probably be satisfied with them if no one else is. But, aside from a constitutional dislike to being pap-bottled or spoon-fed with "prepared" opinions, we object to the *Review's dictum* on the ground that it has employed too big a word.

"The method given by Fincke is one which renders it absolutely impossible for any practitioner to place the faintest reliance on his preparations; no chemist indeed, we think, ought to consent to keep them in his stock."

The world has known this sophomorical incredulity long before the writer in the *Review* had chipped the egg ("omne vivum ex ovo.") It has heard the "good Hufeland" asking ("with a sneer," Dudgeon says,) "*what effect can the hundred-thousandth part of a grain of Belladonna have?*" and long

before Hahnemann had reached the 30th dilution there were many respectable chemists "indeed, we think" who would neither consent to keep his potencies in their stock, nor permit the luckless maker to live within their guild.

The *a priori* absurdity of a Fincke *cm.* is no greater to-day than was that of the 6th potency then; and what was sauce for the goose in 1810, is as saucy for the gander in 1870.

Some of the *Review's* "we" employ the 30th potency. Well, Old Physic is aware how this 30th potency is made, and Old Physic knows "the method given by Hahnemann is one which renders it absolutely impossible for any practitioner (of the Anstie tribe) to place the faintest reliance on his preparations."

But the *Review* will object that the Hahnemannian and the Finckean methods differ. Well, the one is "bottle washing" with a few shakes before each rinsing, and the other is without the shakes. What would Old Physic care for a few shakes! The *Review* in this issue confidently relies upon the *propter hoc* of the clinical test, but Old physic is dogmatically certain that the *Review* man has only brained himself against the *post*.

The simple fact is, that before condemnation, the heterodox Finckean 100,000th demands just such a trial from the *Review* man, as does the orthodox Hahnemannian 30th from Old Physic.

This is all that was meant by the assertion "they cannot be truthfully condemned without a fair trial." We are, however, free to acknowledge that the expediency of employing these potencies is entirely another question.

Hahnemann handled Korsakoff very tenderly, still he said *this thing must stop somewhere*. Dr. Fincke has evidently caught the spirit of that adventurous youth described in Longfellow's "Excelsior," and it is sincerely to be hoped that, like him, he will die at some very "high" altitude. And, further, it is our very private opinion that if all his admirers went to the funeral and froze to death there, homœopathy would be none the poorer.

CARL MÜLLER.

P. S.—As some notorious practitioners are using these potencies exclusively, perhaps it were well to suspend judgment until the next census shows what the effect is on the death-rate.

C. M.

ÆSCULUS HIPPOCASTUM.

The Bark of the Horse Chestnut in Intermittent Fever.

Poring over some old medical works (old books, old friends and old boots, *for comfort*, you know,) I came upon the following mention of this remedy which makes me question whether Dr. Hale should call it a "new" one.

In the text Buserius gives the bark of this tree as one of the remedies for intermittent fever.*

In a foot note our author says: "See the celebrated Anthony Turra's *Lettera ed alcune osservazioni sulla febbrefuga facottà dell' Ippocastano*, in which book is contained the history of this remedy, first recommended by Mistichellius, down to our own times, and its excellency is attested by a set of new experiments. But the year before there appeared a commentary by Jo Francise Lulattus, of Cephal, son of the learned Angelus, in which this very accomplished young man makes mention of twelve trials he had set on foot in the hospital at Padua, the result of which completely contradicts the observations of Turra. But in making such experiment as these, it is by no means uncommon for physicians to differ in opinion from the most trifling causes."

The commentary of Lulattus is entitled *osservazioni sopra la facolta febbrefuga dell' Ippocastano*. Firenze 1772—Turra's paper, then must have appeared in 1781.

Can any of our medical bibliophilists enlighten us in regard to the cases wherein Mistichellius and Furra employed this bark? At p. 37 of the *New Remedies* we have a hint of its febrigenic property, but, unhappily, Dr. Hale's clinical observations had "gin out" just then.

One remark of our author cannot fail to attract the attention of the homœopath: "in making such experiments as these it is by no means uncommon for physicians to differ in opinion *from the most trifling causes*," and in another passage, "but I know not by *what unlucky accident* (our italics J.) it happens that the remedies which are elsewhere in high estimation, shortly lose all their celebrity among us in Italy."

It required the genius of Hahnemann to solve that Sphinx-riddle of the ages; to discover what were those "trifling causes" which led "physicians to differ in opinion," and to determine precisely "by *what unlucky accident* it happens that the remedies which, once in high estimation, shortly lose all their celebrity." It was his ignorance of this "unlucky accident" which led one of Old Physic's Great Disgusted to exclaim "Medicine is the mother of dreams."

We now and then see some latter-day scientific "cuss" throwing mud at Hahnemann on the score of some of his

* The institutions of the practice of medicine, Jo Baptist Buserius. Vol. 1, page 264, London 1806. It was translated by Dr. William Cullen Brown for use as a text book, and was highly esteemed in its day.

"theories" (we of to day never theorize.) But to judge Hahnemann in detail at the highest tide mark of modern research, is to enforce an *ex post facto* law in the realm of Philosophy. It were just as logical to blame Galileo for not having made Huggins's researches with the spectroscope, or to blame Galen for letting the old Romans cut their canines without Mrs Winslow's soothing syrup.

Go back to where Hahnemann stood; look as he did backwards *into the dark*, and if you will only do as much and as *well as he did*, the whole world will bless the paps that gave you suck.

Surely we bib-and-tucker critics make much mistake in judging him. We must first saturate ourselves with the spirit of his age; we must hear the Turra *versus* Lulattus Ippocastano quarrels without number; we must know the physicians armamentarium as our great teacher found it, and as he left it—then shall we learn our littleness, and say, "In the matter of the Materia Medica, we all must acknowledge that among them that are born of women there hath not arisen a greater than Samuel Hahnemann."*

CARL MÜLLER.

HALE'S NEW REMEDIES LEIPSIC, 1869.

Preface to Buckner's translation of,

Although I am entirely of the opinion, that it would be better for homœopathy, if less new remedies were proved, the old, well proved, on the contrary studied more thoroughly, and dubious symptoms confirmed by renewed provings upon healthy persons and by clinical experiment. Nevertheless I must also on the other hand acknowledge the zeal of those homœopathic physicians, who work on restlessly, proving new remedies and collecting the experiences, which have been published in various medical works and journals as the effects of these remedies.

Such an indefatigable collector is Dr., Edwin M. Hale of Chicago (North America,) from whose work we here with lay before the German physicians a short extract of the most important.

Our Materia Medica is nothing complete in itself, but on the contrary needs to a great extent yet enlargement and confirmation. For this reason it is no doubt the duty of every homœopathic physician, having at heart the furtherance and acknowledgement of homœopathy, to make himself acquainted with the latest provings and experiences upon the domain of Materia

*Dudgeon's *Lectures*, etc., p. 241.

Medica. And indeed, Hale's collection of new remedies contains many very efficacious medicines, highly esteemed by the physicians of America, and there is no doubt, that they promise to supply many deficiencies in our treasure of medicines. Especially well represented in this collection are the hepatic and styptic remedies, and those affecting the female genital organs, and no one will assert, that hitherto our treasure of remedies needed no more enrichment in this direction.

By far the most remedies, contained in the work, are plants, which are daily used either by the people or the physicians of America. A great many have no doubt for centuries been used by the Indians as medicines, and the emigrated settlers have mostly by them been taught the virtues and properties of these plants.

Especially to the so-called botanic and eclectic physicians we owe a more accurate knowledge of the effects of most of the remedies, treated of in Hale's work. These eclectic physicians very much approach Rademacher's School in Europe, and it might therefore be of great interest to the physicians of this School, to become more acquainted with the specific medicines highly esteemed and daily used by the eclectic physicians of North America.

For those allopathic physicians, who even doubt the possibility of an artificial healing by direct remedies, acting specifically upon the diseased organ, this treasury of course is of no interest. With the great propensity however, which we especially find allopathic physicians, to operate with new remedies, many of them might be perhaps induced to make experiments with such remedies, as for instance, Podophyllin, Leptandrin, Helonin etc.

We believe that the collection of Hale's New Remedies "contains materials worth the notice of the physicians of every School, who strive for the progress of therapeutics, and we wish, that especially the homœopathic physicians may for the benefit of their patients bring into practice the experiences and indications of Dr. Raue, laid down here, and collected by him with the greatest diligence and care.

DR. TH. BUCKNER.

BASEL, IN APRIL, 1869.

VACCINATION AND VACCINATORS.

BY J. D. CRAIG, M. D., NILES MICH.

In the October No. of the "*American Observer*," is an article on vaccination, by Dr. Garnsey, in which he gives his experience with the Gordon vaccinator, and as I also have experimented with that instrument to determine the relative merits between it and the crucial incision I may be permitted to give the result of my observations.

Dr. Garnsey's success has been as two to one in favor of the lancet, but he does not tell us how often he fails with that. Except he has had better luck than I have had with it, his success has not been brilliant, as I fail nearly half the time.

In using the lancet I had no trouble with very young children, but older ones became frightened and commenced crying as soon as they knew they were to be vaccinated, and it was almost impossible to keep them at rest long enough to perform the operation, which may account for many of the failures.

About five years ago I purchased a Gordon vaccinator, and used it for three years with very good success when I broke the perforator. I then had another made, but when I came to use it, it failed in every case which I attributed to its being counter-sunk too deep, thereby allowing the virus to be crowded into the cavity instead of being forced into the wound. Having drawn down the temper, I filed down until the face of the perforator was little more than cup shaped and projected only $\frac{3}{32}$ of an inch, whereas the old one extended a little more than an eighth of an inch from the instrument.

Since then I have vaccinated about forty persons with it and have failed only in two cases, both of which had been vaccinated some years before.

The click of the instrument is not much of an objection. It sets the children "*bawling*" it is true, but this is only momentary in the majority of cases, and it is more than counterbalanced by the time saved in performing the operation, and in the greater certainty of its being successful.

The vaccine virus is prepared for the vaccinator by crushing a small portion of the scab, and mixing with water to the consistency of cream when the perforator may be dipped in it. The cow pox virus is used as follows: break off both ends of the glass tube, place one end on the point of the perforator and the other in the mouth, blow gently until the instrument is charged. Care must be taken in forcing out the virus not to blow too hard, or the whole contents of the tube will be forced out and lost.

PERSONAL ETC.

Colton.—Prof. D. A. Colton, of Chicago, makes a specialty of *diseases of the spine*. Physicians desiring to correspond with him in relation to these diseases, or any particular patient, should address him at 127 South Clark street, Chicago, Ill.

Franklin.—Prof. E. C. Franklin has resigned his position as Professor of Surgery in the Homœopathic Medical College of Missouri after six years of successful labor in that institution.

Barber.—Dr. H. A. Barber has recently located at Nashville, Mich., in partnership with Dr. Gifford.

Helmuth.—Prof. W. Tod Helmuth removes to New York city, having accepted the chair of Operative Surgery in the Homœopathic College of that city. He offers his property and practice at St. Louis for sale, affording a very fine opportunity to a well qualified practitioner to enter a large business. (See advertisement).

Jones.—Our esteemed colleague, S. A. Jones, M. D., will fill the chair of *Histology* in the New York Homœopathic College.

Verdi.—T. S. Verdi, M. D., of Washington, D. C., has written 'Mater. nity, a popular treatise for young wives and mothers.' The Washington Chronicle says, "Dr. T. S. Verdi, the author of this work, is a well known homœopathic physician resident in Washington, who will at once be recognized by the general public as the physician in attendance on the late Secretary of State at the time of the attempt by Payne upon the life of Mr. Seward. Dr. Verdi is a member of distinguished European and American Medical and Scientific Societies. He brings to this task not only ripe learning, but what is far better, an extensive and richly-stored experience."

NECROLOGICAL.

Hildreth.—The public will be startled and deeply pained to learn of the sudden death of Doctor J. S. Hildreth, of this city, which occurred at 5 o'clock this morning, at his residence, on Wabash avenue, near Harmon Court. Dr. Hildreth was a native of Massachusetts, but had been a resident of Chicago some seven or eight years. He was a thoroughly educated physician, and had spent several years in Paris, where he had the best facilities for acquiring the most thorough scientific knowledge pertaining to the profession. He made a specialty of treating the eye and the ear, and as an oculist and aurist he stood in the front rank of the medical fraternity in Chicago.

His death was caused by an overdose of some powerful narcotic, taken to procure relief from the pains of neuralgia, with which he had been afflicted for several days. He was on the streets yesterday, but last evening he fell into a stupor, produced by the drug he had taken, and all efforts to arouse him proved unavailing. At an early hour this morning his spirit left the body forever. Dr. Hildreth leaves a wife, on whom this sudden and terrible affliction falls with crushing weight.—*Chicago Evening Journal, July 21.*

Dr. Hildreth's death is to be lamented, not only by those who make diseases of the Eye and Ear a specialty, but by the Homœopathic School. We knew him intimately, and know that he valued our specific remedies highly, and selected them according to our law. That his death is owing to an overdose of narcotic is to be regretted, but should be the cause of no invidious criticism. Those only who have suffered from intractable neuralgia, know how strong the temptation is to resort to powerful remedies of that class for relief.

E. M. H.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

ANEURISM OF THORACIC AORTA.

Clinic of the Brooklyn Dispensary.

SERVICE OF W. S. SEARLE, M. D.

Jas. Kelly, aged 42, a finely built Irishman, and porter in a stove store, applied on March 28, 1870. Has always been a healthy and temperate man. No present external sign of ill health except slight œdema of the face.

About 18 months ago he caught cold which soon settled into a hard, dry cough, and continued for four weeks. One morning, in the second week of the cold, while stooping to black his shoes, his face suddenly swelled considerably, and water poured in a stream from his eyes and nose. Though much astonished by this strange occurrence, he went to his work as usual, and continued to do so, but often had to sit down to rest and at times quit work for half a day. The cough gradually wore away, but the face remained œdematous, becoming more so on stooping; and this position also at once brings on the discharge from the eyes and nose. Until six months ago he also had frequent epistaxis, dark red. This is occasional now. Face and ears are constantly livid and cold, especially in cold air; sensation as of a cobweb on the face. The onset of the disease was also marked by some dyspnœa, on exertion, and soreness in the chest. These are now less in degree, but still appear after severe exercise. At first, too, the superficial veins of the chest were varicose; those leading into the axilla being as large as his little finger. These have nearly regained their normal size. But on the front of the thorax, following the line of the lower ribs and extending half way up the sternum are blotches about the size of a shilling, which are composed of varicose capillaries. These are discrete and about twenty in number. Extending from the same region

to each groin are two varicose veins, quite zigzag in course, and at the largest perhaps one-third of an inch in diameter. Very slight varicosis is shown in the fundus oculi by the ophthalmoscope. No varicosis is visible elsewhere. The stethoscope shows absence of valvular disease, but the apex of the heart is pressed over nearly to the epigastrium, while this whole region gives an irregular, tumultuous and confused pulsation. The lungs are normal. There is much huskiness of voice, especially after stooping, due doubtless to œdema of the glottis. He denies having felt any faintness or sensation as if anything had suddenly given way in the chest when the trouble first appeared. Can lie down as well as ever, as he always has from the first. The rest of his organs and functions are in a perfectly normal condition. After considerable hesitation and consultation I formed a diagnosis of sacculated aneurism of the descending aorta, just above the diaphragm. Probable cause—atheroma of the artery and sudden rupture. The patient has been in the hands of the best physicians of the old school, at the L. I. College Hospital and elsewhere, but none of them have made a diagnosis nor palliated his condition in the least. Hopeless of cure, I sought out a remedy which meeting the totality of his symptoms might alleviate them. This seemed to be *Ranunculus sceleratus*. This was prescribed in globules of the 200th dilution on *Apr. 1*.

Apr. 8.—He reported very decided improvement; has not felt so well for a year. Œdema much reduced and he can stoop with less trouble and less discharge from the eyes and nose.

Apr. 21.—Not so well. R *Ranunc. s.* 30 night and morning.

From this date until the present, *July 15*, he has continued better. Says he feels like another man. His objective symptoms have not greatly changed, though the varicosis of the chest has diminished. He is obliged to continue the remedy. Even omitting it for one day the symptoms grow worse. I intend to keep him upon its use, with occasional intermediate doses of sulphur, and may resort to lower dilutions. He has also been strongly advised to change his employment; has been warned of his danger; and has promised to give orders that, in case of his sudden decease, I shall be permitted to examine his body.

Remarks. I have deemed it worth while to place this extraordinary case before the profession, hoping for criticism in respect to the diagnosis, as well as (if the diagnosis is correct,)

to show the power of homœopathically selected remedies to modify the phenomena dependant upon organic and incurable disease.

The starting point in the selection of the remedy was the cold and livid face and ears, with the sensation of a cobweb upon it, which was found by aid of the repertory. Turning to our *Materia Medica*, we find the lachrymation and discharge of watery mucus from the nose. While the region of the heart shows signs of marked action on the part of the remedy, I am not aware that any drug produces parallel symptoms, and the marked relief afforded by its use in this case throws a flood of light upon its peculiar action upon the human body.

MERCURIUS COR. IN ALBUMINURIA.

P. F. SCHLEY, M. D., CHARLESTON, S. C.

Aug. 1st, 1869.—Mrs. C. S. æt 60 (dark hair and complexion, gray eyes, and nervo-bilious temperament,) complains of weariness and melancholy, with slight uneasiness in the lumbar regions. Her countenance has a pinched and shrivelled appearance, urine dark and scanty, with a thick cloud of albumen on test with heat and nitric acid, no relief from Acon. Canth. and Terebinth. for three weeks. I then put her upon Merc. cor. $\frac{3}{10}$ because “the urine looks as if mixed with blood.” (Hempel) I gave 21 powders—one to be taken three times daily. At the end of a week the albumen had nearly disappeared. The same remedy was continued, morning and night for another week, at the end of which period the urine had become normal. She said all her bad feelings had left her.

Jan. 1st, 1870.—She report herself in *excellent health, gaining strength daily*.

Remarks. This remedy is supposed to be most serviceable to the *large white kidney*, in the stage of inflammatory exudation of Bright’s disease.

USTILAGO MADIS IN DYSMENORRHŒA.

Dr. Schley reports; "I have met with marked success in the use of this remedy in dysmenorrhœa, with scanty, pale flow, accompanied by false membranes; appetite poor; thickly coated tongue. Its use should be persevered in for three or four months. I prescribe two grain powders of the 2d dec. trit., to be taken three times daily, and every three hours for the last forty-eight before the menses are expected."

BILIARY CALCULI.

BY R. CAUCH, M. D., FAIRBURY, ILLS.

Was called on the morning of September 21st to visit Mrs. L. æt about forty; bilious temperament, generally healthy, the mother of several children. She was suffering excruciating, pains in the epigastric region, toward the right side, at a point corresponding with the orifice of the bile duct. The pains were spasmodic and shooting to the back. Bowels constipated, with light clayish stools. Skin and eyes jaundiced. She informed me that she was subject to such attacks every few months, especially if she drank well-water that was impregnated with lime. All the symptoms pointed to biliary calculi, for which, she said, her former physician treated her. She wished me to give her morphine which she had been in the habit of taking to ease the pain, and which had been prescribed in such massive doses by a homœopathist a few months before, that she came very near "sleeping the sleep that knows no waking," requiring the united efforts of three physicians, to counteract its influence. I resolved to avoid the morphine, as well as high attenuations of other remedies, and endeavor to make the work of relief short and decisive.

I gave two grains of Podophyllin, repeating the dose in an hour and a half. In three hours after taking the first powder, I gave three ounces of sweet oil. Within five hours she had a free evacuation and the gall stones passed. Aconite and Nux v. were then given for a few days. The bowels became regular and the jaundiced hue of the skin disappeared. My patient informed me she had always suffered for three or four days and sometimes

a week before getting relief, except by taking large doses of morphine, while waiting for the action of other remedies.

REMARKS BY THE EDITOR.

Being lately in consultation with Dr. Carroll Dunham over a very obscure and obstinate case which we both suspected to be one of gall stones, he stated that even in attacks during which gall stones had passed, and were afterward found in the stools, he had uniformly obtained relief from the pain by the frequent administration of *Lycopodium* in the higher attenuations. In the next attack of my patient which began like the preceding ones, and simulated their progress *Lyc. 30*, seemed to afford great relief, and shortened the paroxysm from three or four days to twelve hours. *China $\frac{1}{10}$* as recommended by Dr. Thayer of Boston (see *Trans. Am. Inst.*) has so far (three weeks) prevented a return, *Calc. 30*. is also spoken of very positively by some German authorities as a palliative during the attack. Will not our colleagues try this form of treatment? If *Lyc.* or *Calc. carb.* in the high dilutions will annihilate the pain caused by the passage of a gall stone, and do it constantly, it is high time some of us were changing our opinions of them.

MEMBRANOUS CROUP.

C. D. CLAWSON, M. D. CANOGA, N. Y.

Dec. 21st. Evening—Was called to see Agnes E. æt 4 years suffering from croup. Found the following condition: pulse 120, face flushed with great oppression of the chest; no soreness of the throat. She has been suffering in this way since yesterday evening.

Treatment.—*Aconite*^s *Spongia*^s and *Phos. Acid*^s to be given in alternation one half hour apart until relieved.

Dec. 22d P. M.—Breathing natural: rested well during the night; pulse 100 which I considered nearly natural. Case dismissed with directions to administer the remedies again should the croup symptoms return.

Dec. 26th—Again called to see Agnes E: pulse 120: throat sore, diphtheritic patch covering both tonsils: croup symptoms again present, great oppression of the respiration, tight shrill, ringing cough.

Prognosis unfavorable. Treatment.—*Phytolacca decan.* 15 drops tincture in tumbler $\frac{3}{4}$ full of water, *Tartar emetic* 1st decimal trit. 1 gr. in tumbler $\frac{3}{4}$ full of water, 1 teaspoonful one

half hour apart in alternation; and as there was considerable swelling of the throat and tongue, gave $\frac{1}{2}$ gr. of Prot. iod. Merc. 1st, once in 3 hours.

Dec. 27th—Symptoms not improved; pulse 120, extreme difficulty of breathing and no change as to condition of the throat. Same treatment continued.

Dec. 28th—No improvement, still great difficulty in breathing; patch on tonsils perhaps somewhat lessened; child is restless, wishes to change from one place to another, and from one attendant to another constantly; cough attended with rather more expectoration, tongue not so much swollen.

Treatment continued the same with the exception of changing the first for the second attenuation Tart. Emetic, and discontinuing Prot. iod.

Dec. 29th—Child passed a terrible night; was thought to be dying at 3 this morning; pulse 140, can scarcely be felt at times, face pale with sunken eyes; extremities cold and purple; great oppression of the chest; the air does not seem to penetrate the lungs farther than the divisions of the bronchus; shrill, whistling cough, the air passes through the bronchus as through a metallic tube; in fact the child seems moribund, she is unable to raise the expectoration. The throat however is looking better, exudation on the tonsils considerably lessened, yet the mucous membrane is quite red and congested.

The child has eaten nothing since the last attack; case seems absolutely hopeless.

Treatment.—Kali bichrom. 1st one gr; Quinæ sulph. 1st one gr; Veratrum viride 15 drops 1st, each in separate tumblers of water: 1 teaspoonful every hour in alternation.

Dec. 30th—The night was very comfortable; she slept sometimes an hour at a time; still great oppression of the respiration; pulse 130; occasionally coughs up a thick tenacious substance like glue; has some appetite; wants some soup; throat clear of its exudation; is not so restless. Same treatment continued.

Dec. 31st—Pulse 115, indicating more strength, extremities warmer and nearly of natural color; throat clear of exudation and not so red.

She still expectorates the thick gluey substance; slept considerable; less difficulty of breathing; appetite returning; upon the whole the child is quite comfortable.

Jan. 1st—Pulse 100; still some oppression of breathing; tonsils clear and redness disappearing.

Same treatment continued but at longer intervals.

Jan. 2d—Still improving; she is inclined to play.

Same treatment continued but at still longer intervals.

The case continued to improve and in the course of 3 or 4 days I had the satisfaction of dismissing the case, cured.

I send you the history of the above case as I think it involves an important idea in the treatment of diphtheria and croup when they occur together: viz., tonic treatment to assist expectoration.

The question arises, are there not cases which are abandoned as hopeless, that might result differently if proper supporting treatment was adopted.

NOTE BY THE EDITOR.

We find it impossible to discover in the above narrative anything to warrant the diagnosis of diphtheria. It was probably membranous croup from the outset. But that the patient recovered is a great credit to the Doctor.

BILIOUS COLIC CURED BY DIOSCOREA VILLOSA.

REPORTED BY J. SAVAGE DELAVAN, M. D., ALBANY, N. Y.

Mrs. T.—ætat 60; nativity, Scotland. Thin; nervous temperament; has always worked hard as the mother of a family.

Saw her May 2nd, 4 P. M., Has suffered all day with pain in bowels; taken Rochelle salts, no operation; has griping pains, with severe cramps, accompanied with vomiting of bile.

Nux. vom. 2° Coloc 2° gtt. x in tumblers $\frac{1}{2}$ full of water; teaspoonful each hour in alternation. 7 P. M., no better; pain of a steady twisting character; cramps and vomiting continue.

Dioscorea vil. ʒ gtt. xv in two-thirds of a tumbler cold water; teaspoonful every fifteen minutes till relieved.

A total relief from the twisting pain, and cramps and vomiting followed, after a few doses.

This patient had typhoid symptoms and threatened enteritis, caused by taking cold, which yielded to Ars.^s Puls. Rhus. tox^s. The colic was promptly arrested by the Dioscorea.

The case was similar to case 2, page 305, "Hales New Remedies."

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK, EDITOR.

MEASLES.

BY DR. MOSSA OF BROMBERG. (KLINIK, JULY 1, 1870.)

Since the end of last year measles reign epidemically in our city, sometimes intermixed with scarlatina, so that in some cases it was hard to decide if the eruption was scarlatina or measles. Our patients suffered from catarrhal inflammation of the fauces, of the respiratory as well as of the pharyngeal mucous membranes, and frequently the conjunctiva was sorely affected. Sometimes it happened that some members of a family were down with measles and others with scarlatina. The measles appeared either in patches or merely as red spots. We found also Kafka's remark true, that the febrile symptoms do not decrease in the proportion as the exanthem shows itself on the surface; on the contrary, the fever is frequently the more intense and extensive the thicker the eruption appears, and cerebral congestions will always be connected with a full eruption on the cheeks.

We found, as usual, our most serious cases among the grown up people, especially among the women. Aside from the very extensive catarrhs of the faucial and laryngeal mucous membranes, troubling the patients at first by the symptoms of dryness, of stitching and burning pains, followed by profuse discharges, they complained chiefly of a terrible præcordial anguish; they had the sensation, as if all the blood coagulated in the blood vessels, and as if they had to die every minute.

Let me give you the case of a delicate middle aged woman. After suffering from coryza and cough for some time, the eruption appeared in full force on the face, back and lower extremities. The cheeks swelled up terribly and the upper lip looked like a snout. High fever, intense inflammation of all the mucuous membranes, copious salivation, dry cough with labored expectoration,

This woman, suffering since the very beginning of her disease from excruciating toothache in the upper jaw, exacerbating at night, and from a constantly teasing cough, depriving her of all sleep and weakened furthermore by hæmorrhage from the mouth and womb, fell in a spasmodic state, unusual to her nature; the cough degenerated in a perfect laryngeal spasm. Neither *Pulsatilla*, *Hyoscyamus* nor *Ipecacuanha* availed. The *indicatio vitalis* was pressing, and recollecting that Possart gives us a case where opium succeeded in breaking up such a spasmodic cough, I gave her $\frac{1}{2}$ of a grain of morphium aceticum. And it did help; it quieted the storm; the cough lost its spasmodic character and did not return any more. The præcordial anguish subsided. My patient felt at ease, but not sleeping. Still my homœopathic conscience troubled me. We have somehow nursed from Hahnemann a horror against opium and its alkaloids, but who could deny the great remedial powers of opium, as well as those of that other heroic remedy, camphor? If the allopathic school abuse it, should it be, therefore, that *abusus non tollit usum*? But my monitor was not entirely to blame, for in a similar case of spasmodic cough with burning and dryness in mouth and fauces, sleeplessness, præcordial anguish and hyperæsthesia I found the true specific in *Veratrum album*³, which allayed the storm, and produced a natural sleep, without having to combat a secondary constipation.

Indeed *Veratrum album* proved itself throughout the whole epidemic our best remedy in cases of laryngitis, tracheitis with a constant convulsive cough, tormenting the patient by day and by night, so that the head, chest and abdomen became painful by the concussion.

Cases of children were more easily managed, although some cases threatened to become typhoid. *Aconite* in alternation with *Belladonna* (mostly 30th) subdued the primary stormy manifestations; the tormenting cough required *Hyoscyamus*, or where vomiting prevailed *Ipecacuanha*; *Phosphorus* in laryngeal inflammation; *Rhus* sufficed, where we found calor mordax of the skin, small, suppressed frequent pulse, dryness of the mouth and of the lips, tongue dry and covered with sordes, quiet deliria with some stupor, diarrhœa; when constipation followed the application of *Rhus*, *Lachesis* was indicated. At the most trifling appearance of diphtheritic exudation we had recourse to *Nitric*

Acid ³ and ⁴ internally and as a gargle, and had every reason to be satisfied.

Furuncles, pustular eruptions, panaritia were more frequent during the epidemic, and herpetic diseases took a new start; in fact, there was hardly a person, who had not some trouble with his skin.

S. L.

DIPHTHERIA.

Dr. I. Page, of Würzburg, publishes in the A. H. Z., March, 1870, extracts from a pamphlet of Dr. Lutz, of Munich, wherein he says:

(1.) The diphtheritis is primary a contagious local disease, (2) the contagion is of a low organism. (3) Recent cases need only local treatment which (4) must be directed to the destruction of the cause. (5) *Sulphur* is the safest, quickest and most pleasant application, which ought to be used from the very beginning; the flores sulphuris can be blown on the affected places, or rubbed in with a probang, but it is necessary that all the affected places in the cavities of the mouth, nose and fauces are continually in contact with the sulphur, till the membranes are thrust off and do not regenerate any more. (6) In cases of high fever Quinine in pretty large doses, and cold ablutions are indicated. (7) Nutrition must be supported. In the beginning milk, strong beef tea, water; after the disappearance of the membranes, soft boiled eggs; as soon as deglutition becomes painless, meat may be given if required. (8) The greatest cleanliness and ventilation is necessary for the patient and, (9) every member of the family ought to be daily examined, in order to treat it from the very beginning, or, (10) the family and nurses ought to use as a prophylactic a gargle of carbolic acid (Gr. ij to ℥ i:) or a solution of sulphur (: ℥ ij to ℥ vi:)

Dr. Page has tried the insufflation of the flowers of Sulphur in several malignant cases, where the cyanuret of Mercury and other remedies entirely failed, and saved cases which he considered of the utmost danger and recommends therefore Lutz's treatment as worthy to be followed out. The first trituration of Quinine answers well.

Dr. Schüssler, of Oldenburg, communicates, that he had the best success in Diphtheria with *Plumbum iodatum* in the 9-12th potency.

S. L.

COCCYODYNIA.

Since Simpson, of Edinburg, turned the attention of the profession to this painful affection of the coccyx, Erichsen, Scanzoni and West have written about it. The characteristic symptom of it is a pain in the coccyx, felt when sitting or standing. Most patients are obliged to sit sideways on the edge of the chair, or to ease themselves by supporting it with the hand. Some cannot walk at all, as every step produces the most excruciating pains, whereas others can walk without any difficulty; others complain of terrible pains during defecation. The degree of pain is not only different in different persons, but changes in the same person at different times; pressure always increases the pain, especially when directed from below upward, or when the coccyx is moved by it. The cause of the pain is, according to Simpson, an inflammatory state of the coccyx, its ligaments and surroundings; and may be ascribed in most cases to an injury during confinement. The disease was once observed after a fall from a horse. Simpson recommends as a radical cure the sub-cutaneous division of all muscles and sinews connected with the coccyx in order to isolate it perfectly. Success mostly crowned his efforts, and in one case where it failed, the extirpation of the coccyx was performed. Gosselin is not satisfied with Simpson's method and uses air cushions as palliatives. Scanzoni uses leaches, emollient poultices and sub-cutaneous injections of morphine. Bryant, Godfrey and Kidd treated all their cases according to Simpson's method, and are perfectly satisfied with the result. (Med. Neuigk. 1870, 4.)

S. L.

PHARMACODYNAMIC NOTICES.BY DR. OSCAR GROSS, (*Klinik*).

CHININ. SULPH.—Prof. Bohn observed in a patient, who took from the 3d to the 23d of December in the beginning twice, and then three times daily, 0.25 Chinin, the following symptoms:

Some congestions to the head with lividity of the face, oppression of the chest, dyspnoea, increased frequency of the pulse and general irritability; when these symptoms decreased, urticaria broke out over the whole body, but all passed quickly off towards evening.

MERCURIUS SOLUB.—According to Bohn 0,015 Merc. solub., sub-cutaneously injected, produces in the course of a quarter of an hour a clear metallic taste on the tongue and somewhat increased secretion of saliva, 0,025 produces it in a shorter time and more severely; smaller doses are only perceived by very sensitive subjects, 0,013 repeated from day to day produces mercurial stomatitis, with superficial or deep ulcerations, ribbon-like ulcers on the borders of the tongue in the form of a half-moon, erosions on the free edge of the gums, and small cryptiform losses of substance on the cheeks, the lighter manifestations appear on the 3d and 4th day, the severer ones up to the 9th day.

Symptoms of irritation of the stomach and bowels set in quickly and decisively after one application of large doses, with 0,025 repeated vomiting, pains in the præcordia, even bloody stools; even the usual injections of 0,006, as soon as the sum total exceeded 0,15, produced loss of the weight of the body, dark urine, contracted features. (*Deutsch. Archiv* 3 and 4 H. 1869).

HYDROCHLORATE MORPHIA.—Case I. A girl, 20 years old, suffering from chronic neuritis with simultaneous formation of neuromata. Had for months Hydrochl. of Morphine sub-cutaneously injected, at first 0,012, after a while 1,015; every injection produced in the beginning intense but evanescent redness of the face, surring of the ears and palpitations, more rarely vertigo and vomiting, another frequent manifestation was a long continuing singultus and a hoarseness when speaking for any length of time, whereas her voice is usually extremely clear, but as her constitution became used to the remedy, all these symptoms disappeared except a peculiar tickling sensation in the nose, œsophagus and larynx, as when one has to sneeze, which she felt after every injection.

Case II. An old lady, suffering from carcinoma uteri, could not take the usual dose of 0,015 Hydrochlorate of Morphinum internally, as it always produced a severe aggravation of the pains in connection with a continually returning parosmia. A continual smell of poppy troubled her so much, that she preferred to suffer her pains, but sub-cutaneous injections of 0,05 Morphine she bore without any difficulty and always with a temporary relief of her pains.

S. L.

VACCINATION (El Criterio Medico.)

Dr. Ozanam publishes in the *Cosmos* the following propositions (1865.)

1. All children dying from croup or diphtheria, were vaccinated at a tender age from arm to arm.
2. Children, who recovered from the croup, were either not vaccinated, or took afterwards the small-pox.
3. Since the smallpox rages so much, we see also more cases of croup.
4. Most small-pox patients have also diphtheritis in the mouth and pharynx.
5. In the same family some are taken down by small-pox, others by pharyngeal diphtheritis.
6. Dr. Millet (*Traite de la diphtheria de larynx* 1865) says, that the place where he pricked himself with a lancet, moistened by a false membrane, appeared a pustule very similar to vaccination.
7. If there were no vaccination, there would be no croup.
8. Children who have passed through an attack of small-pox, have died from real croup.
9. Vaccination and diphtheritis are contagious by immediate contact.

Dr. Foils Perez brought the following propositions before the Spanish Academy.

1. Smallpox is an organic crisis, somewhat terrible, violent and necessary, and always salutary.
2. Vaccination, which does not always prevent smallpox, introduces along with it other diseases.
3. And this is especially the case, when vaccination is performed from arm to arm.
4. By opposing through vaccination the development of smallpox, which may be a necessary crisis to one body, we entail on it more dangerous diseases, as pulmonary and mesenteric phthisis, croup, typhoid fever and other diseases.

Drs. Depaul and Royer, imperial commissioners, declared 1867, that they have seen many cases of secondary syphilis, produced by vaccination.

Marquis de Nunez declared, in 1869, not only the vaccination from arm to arm a dangerous procedure, but has given up vaccination entirely in all his practice.

Dr. I. Denizet remarks that in those countries where vaccination is compulsory, he has found more crazy, stupid and idiotic persons.

Dr. Bock speaks also against compulsory vaccination, especially from arm to arm, and even where pure cowpox is used, the children ought to be 3 or 4 years old before the operation is performed.

Surgical Department.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

Varicocele treated without operation.—By enclosing the testes in an elastic-suspensory net work bag and keeping the distended veins continually supported, while the patient is not in a reclining posture, sufficiently to bring them into an inverted position, and in this manner removing the over-distending influence of the downward current of blood, Mr. Morgan, of England, claims that the case can be cured in process of time without an operation.

The suspensory that he uses consists of a piece of web about $3\frac{1}{2}$ inches wide at one end, $4\frac{1}{2}$ inches long, and 4 inches wide at the other, and cut gradually tapering to the narrow end. A piece of thick lead wire is stitched in the rim of the smaller end, and the sides are finished with neat hooks, a lace and a good tongue of chamois leather, two tapes being sewn along the entire length of the web, which are afterwards attached to the suspending belt. In using, apply it before rising, to the affected organ, lace the hooks up, draw up the suspensory and organ and fasten the tapes to the belt, and the patient can then get up on his feet. Different sizes may be required for different cases. Leave it off at night after retiring, and for a few days at first it may not be well to keep it on all day, but as soon as the parts will bear it, retain it all the time while erect or setting up.

Relaxing power of Chloral.—Inasmuch as chloral has the property of producing great muscular relaxation, Dr. B. W. Richardson suggests its use in the reduction of strangulated hernias instead of chloroform or ether.

The Sudden Dilatation Treatment for Phymosis.—Instead of cutting the prepuce a new plan is suggested by Dr. F. R. Curise, of Dublin, that of quick and forcible dilatation. A pair of dressing forceps with the blades bent at right angles to the other

part of the instrument, and with a screw thread and moveable nut attached to the handles for regulating the distance of dilating the blades, is inserted with closed blades into the orifice at the union of the mucous membrane and skin, taking care not to enter the urethra, and then by firmly and quickly shutting the handles the mucous membrane tears up and the skin expands so that the difficulty is immediately relieved without loss of blood.

Another Dilating Operation.—Stricture of the urethra is now treated more or less by Holt's rapid dilatation or splitting method by the use of his dilator. Two English surgeons claim to find no rupture of the mucous membrane of the urethra after the operation on endoscopic examination, although in a post-mortem experiment by Mr. Holt, a rent did occur. As cases are relieved without difficulty and no blood appears to be lost, and a large size bougie can be introduced after the operation, it is thought that the sub-mucus tissue which has contracted to form the stricture is the only one that is usually torn. The mucous membrane may in some cases, however, be split, but so trifling are the effects of the operation that it is certainly far superior to the old mode of incising the urethra. We recall the case of a friend who died a martyr to the old mode. He was in good health except a stricture which an eminent professor and surgeon cut for him. His family becoming alarmed at the great loss of blood and the prostration of the patient, summoned me in haste, as I was the family attendant to the other members of the family, a few hours after the operator left, but who did not come until next day, although urgently sent for before my summons, and several times thereafter. The patient was continually passing some arterial blood from the urethra, and just before death, which resulted soon after the operator's visit the next day, he passed several clots of blood from the rectum, a fact which told the tale of the course the urethrotome had taken, for a post-mortem examination was not held.

Vesical or Urinary Stammering.—Is a new term applied to cases where "a want of harmony between the ejaculatory or extrusor muscle of the bladder and the sphincter muscle of the same" exists. It was once termed urethrismus.

Contra-Indications to the Employment of Chloral.—The late Dr. J. Y. Simpson (*Medical Times and Gazette*), in his Therapeutic Notes on Chloral, "remarked as follows: "I am not aware

of any special contra-indications to the employment of chloral when used for somniferous purposes. Even in head and chest affections, when I should have been chary of having recourse to opium as an hypnotic, I have employed chloral with perfect success. The contra-indications to opium offered by a tendency to constipation, etc., do not exist against chloral.

The Therapeutic Uses of Chloral.—M. M. Pallen, M. D. St. Louis, Mo. (*The St. Louis Med. and Surg. Journal*), coincides with M. Demarquay that Dr. Liebreich's assertion "that chloral is decomposed in the blood, and that the chloroform resulting from this decomposition produces anæsthesia," is not the correct view. If chloral acts as an hypnotic and as a hyperæsthetic, it cannot be *totally* converted into chloroform. There is no doubt in his mind that chloroform is produced during the action of the chloral, but the chloroform arises chiefly by oxidation in the lungs. Dr. P. coincides with those who think that it is an hypnotic, and valuable as such an agent where opium cannot be used. He has used it extensively in monomania, endometritis, and puerperal convulsions, to procure sleep; in some instances in doses as high as a drachm; to children in doses from six to twenty grains, according to age.

It is applicable in that form of affection known as night-terrors. The child is sleepless, or even when it sleeps the slumber is disturbed, and it moans or it grinds the teeth. All this should be overcome, or else the child in after years will be an epileptic.

Chloral is the remedy, opium the poison. The dose to children will vary from four to twelve or more grains. He always uses, as the vehicle with which to mix the chloral, the syrup of tolu.

Bony Anchylosis of the Elbow-joint.—Dr. Louis Bauer, St. Louis, Mo. (*St. Louis Med. and Surg. Journal*), first describes a case of "Total Exsection of the Elbow-joint," and remarks:—Some eminent surgeons have recommended and performed the exsection of the elbow in bony anchylosis as a legitimate operation, for no other object than to restore the mobility to the articulation. He is not to be able to strengthen their case by his assent; the result of three operations for the specified purpose of removing carious bone do not encourage the hope of a very useful arm. Unless the position was very awkward and disfiguring, he would be disinclined to consider bony anchylosis of the elbow-joint a sufficient indication for operative interference.

The Origin of Rhinoscopy.—The *Medical Record* says: "Bozzini, in his work '*Der Lichtleiter*,' published at Weimar in 1807, was the first to describe a 'certain simple apparatus' for the examination of the 'internal cavities and spaces in the living animal body,' including therein the parts situated 'behind the hanging palate.'"

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

On the Sedative Action of Calomel in Disease, by F. D. Lente M. D.

Criticized by F. Seeger, M. D., of New York, physician for diseases of the voice, lungs and heart at the North-Eastern Homœopathic Med. and Surg. Dispensary, Medical Director Hahnemann Hospital of New York, etc., etc.

Under this heading, we find in the March number of this year in the New York Medical Journal, a very able article; able we say, as it comes just about as near homœopathy as one who knows nothing of homœopathy, excepting that it is a humbug and homœopathic physicians, are quacks and know-nothings, can come. We will proceed to take our (we ask the learned doctor's pardon) able old school friend's article *seriatim*.

"I trust you will all agree that we have something still to learn of the mode of action, and especially the various applications of this valuable but much abused remedy; and possibly some of you may agree with me in the belief that we, as yet, know little or nothing of some of its most remarkable capabilities, of its most valuable adaptations to the arrest or relief of some of the most fatal affections of the system." Very good, the doctor evidently believes that we are none of us too old nor too wise to learn. Let us advise him to commence the study of homœopathy and especially its materia medica, it may help to clear his "puzzled observation" and "baffled intellect."

"The writer does not propose to advance any absolutely novel or startling ideas concerning the use of mercury, or *calomel* which is taken as its great representative, and by far its most valuable combination, but rather to call your attention to some of the oldest methods of its administration, never generally appreciated, and long abandoned by the greater portion of the profession. *I allude to the employment of the remedy in large, or as the medical term is, 'heroic doses;' a scruple to half a*

drachm." (The italics are ours. S.) It is astonishing that, in the case of a drug so universally employed by the profession, for so many centuries, and concerning which so much has been written by many of the most able writers on medical science, there should be no settled principle of action established with regard to it, no definite rules for its application; indeed, that we should have to go back to the older writers to discover the most important indications which it is capable of fulfilling. (Notes are appended from known authorities to prove the confusion of opinion of the old school as to how mercury acts and "what it cures.") So far, we are well satisfied with the writer. As we proceed we shall be still more satisfied. The paragraph in relation to the big doses, it is unnecessary to criticise. *The laity (as the writer admits) leaving out the profession, have their opinion on this subject.*

He goes on to cite the case of James Johnson who had the dysentery, and after having detailed the case with some remarks we come to the meat of the article. As we read we should bear in mind that the "scruple and half drachm, etc., doses of the Doctor, are what he has termed in the heading of the article viz., sedative.

"The writer's first experience with sedative doses was *in epidemic dysentery.*" Now let us turn back one moment to the case of James Johnson. "The history of his own case is so pertinent and instructive, that I venture to give the concluding paragraphs in his own words; premising that he contracted the disease (dysentery) on the banks of the Ganges." This would imply that in addition to the exciting cause, there was a miasmatic principle involved. Now if we turn to Marcy and Hunt, p. 910, Vol. I, 1866), we read under the mercurial indications as follows: "The disease seems to be caused by the cold nights succeeding hot days, in persons saturated with marsh miasm. Symptoms are: "Very frequent small stools of bloody mucus, or of chopped up greenish masses mixed with blood, continuing day and night with almost constant cuttings in the bowels, and an insupportable urging and tenesmus. Sometimes the dysenteric discharges *are bilious*, very fætid green or brownish; frequently after long-continued violent straining and pressing, a little bloody mucus only is discharged, the tenesmus scarcely abating for a moment, and then returning again. The colic pains, griping and cutting in the bowels are

very severe, often extend to the back, with chills, heat, thirst and anxiety. On the mode of administration these authorities say, one grain of the 3d trituration may be given every hour until the violence of the disease is subdued, etc., etc. "Here we have the statement of the researches and experience of two of our most prominent homœopathic authorities. The allusion of Dr. Lente to the contraction of the disease on the banks of the Ganges implies as we have said, the presence of a miasmatic poison in the case of Johnson. When we recollect that the climate of India is one of great heat in the day, with rapid evaporation and atmospheric rarefaction at night, we may become sufficiently refreshed in memory to account for what else may be required to complete the picture.

Dr. Lente says his first experience with sedative or massive doses was in epidemic dysentery, and informs us that an account of this was published in the N. Y. Journal of Medicine, March, 1856, and he quotes a few lines from it, which we here reproduce: "Large doses of opium (3 to 4 grs) and large anodyne enemata (3 i to 3 ij), failed to bring any relief to the distressing tormina and tenesmus. The efficacy of the scruple doses of calomel, so highly recommended by Johnson, Annesley, and others, and recently endorsed by the high authority of Prof. Dickson, of Charleston, was then tried and with signal success. Its action was usually this: It was generally administered in the early stage of the disease, (only in the severe cases), very often as the first prescription (most of the patients having tried various remedies before I was called.) *The patient would be suffering the most intense cutting pain across the abdomen, often accompanied by considerable tenderness on pressure, distressing tenesmus, and passing blood or bloody mucus every ten or fifteen minutes, and earnestly desiring some immediate relief.* One scruple of calomel was then given; within an hour generally (sometimes in half an hour, once in fifteen minutes), relief, *sometimes* complete, would be obtained. "For five or six hours, frequently eight or ten hours, there would be no discharge from the bowels, and very little uneasiness of any kind. In a few cases the bowels were constipated for twelve hours or more, requiring a dose of castor oil to move them. Generally, after two or three hours' relief, the patient would have two or three loose bilious evacuations, brownish or greenish, sometimes attended by some pain and griping, sometimes not. In not a few cases,

the distressing symptoms did not recur at all, and convalescence commenced. In a majority of cases, however, in from twenty-four to thirty-six hours after the operation of the calomel, the dysenteric symptoms returned, though in a decidedly mitigated form, there being seldom any severe pain or griping (when a second dose of calomel was given; but generally the case was completed by a drachm or two of oil, or a few small doses of opium or Dover's powders.) In but very few cases did the mercury produce any ptialism, or any decided affection of the gums, and in no case did it produce any severe mercurialization. The dose was given in forty-seven cases, and seldom repeated, showing a marked difference in obstinacy, in epidemic dysentery here, and that which prevails in India. There, also, ptialism was generally induced before the symptoms entirely yielded.

* * * "In fact, it is well to bear in mind when using the calomel treatment, that there is more danger in giving too little than in giving too much, or (to speak more definitely), in giving less than twenty grains than a little over thirty. I have never thought it justifiable to attempt to ascertain to what extent the dose may be increased without doing injury, since a larger dose than half a drachm I have not yet found necessary. But writers (Willard Parker) of high repute have exhibited forty, fifty and sixty grains with the best effect in desperate cases."

* * * There does not appear to be such a thing as a *poisonous* dose of calomel. *Yet according to Parrish, ptialism may be produced by one grain divided into twenty-four doses, and might thus do more injury than forty grains in one or two doses, so singular are the reactions of this powerful agent on the system.*"

Now let us see what homœopathy has to say to all this. First we will turn to the symptomatology, or the provings of *Mercurius*, as recorded in our *Materia Medica*.

Buck (*Outlines of Materia Medica, regional symptomatology and a clinical dictionary* by Henry Buck, M. R. C. S. London 1865) on page 466 gives us the symptoms of *Mercury*; "Tenesmus frequent; constant desire for stool; stool passed with considerable effort—straining; stool hard, scanty—preceded by chills, shivering; discharge of mucus and blood, with colic and tenesmus; loose stools of fæces, mucus, blood with colic and tenesmus; loose stools of fæces, mucus and blood, with colic and tenesmus; dysenteric stools, stools green, dark green,

bilious, frothy or slimy stools, brown, loose, easy; trembling; burning in the anus."

In JAHR'S *Handbuch der Haupt Anzeigen für die richtige wahl der Homöopathischen Heilmittel*, Düsseldorf 1835, we find the same indications. "Dysenteric stools with greenish or brown stinking bilious evacuations, or with discharge of a small quantity of bloody mucus, accompanied with almost unceasing griping and pressing tenesmus and urging. Abortive desire, stools mixed with mucus and dark coagulated blood," etc. etc.,

Dr. Franz Hartmann in his *Therapie Acuter Krankheitsformen nach homöopathischen grundsätzen* (Therapeutics of Acute diseases on homœopathic principles,) second enlarged and revised edition, Leipzig 1834 says: I now come (article dysenteria) to the treatment." * * * The most valuable is the *Mercurius subl. corrosivus*. As the indications by this authority are the same as those already given from Buck, Marcy and Hunt, and Jahr, and I will not take up further space, but simply refer the doubter to Hartmann's work itself.

As will be seen by referring to page 22 of the New York Medical Journal March 1870 Dr. Lente says that he entered practice not quite twenty years ago, consequently Jahr's work, and Hartmann's work were written before the doctor's time. Buck's work is dated 1865, and Marcy and Hunt's 1866. These dates explain whatever else I might have to say.

It may be urged that the doctor's dosing is not that in use among homœopaths. Hahnemann started with about the same size doses seventy years ago, but experience taught him that what is termed by the allopathic school the infinitesimal dose, for instance, Marcy and Hunt's recommendation of the third trituration cures more safely, more quickly and *is a cure*. The axiom *Similia Similibus* constitutes the basis of homœopathy; the dose or rather size of the dose is an out-growth, or scientific application of the principle.

Dr. Lente quotes Headland in reference to the question of the action of mercury in massive doses "Headland, he says, one of our highest authorities on the action of remedies, positively denies any sedative power to *these* doses, and rejects them altogether. Stille, and *most others* of the later authorities, agree with Headland's views" He goes on to say that, Headland, while disproving of the large doses, not as dangerous, but as sim-

ply useless, because, as he claims, not absorbed, still evinces great confidence in the remedy in small doses. The more, says Headland we know of its real action, of the mystic processes of its absorption and operation on the system, and of the comparative physiological tendencies of the various forms in which it is administered, the better shall we be able to wield it with skill and effect. In a line of investigation, and of patient experiment on disease and remedy, lies our best and wisest course."

Hughes in his *Manual of Pharmacodynamics* (p. 382, 1868) says "we shall have to consider mercury as an hæmatic tissue irritant and as neurotic"

If we turn to page 18 of the *N. Y. Medical Journal*, we find Dr. Lente announcing the same doctrine or rather theory, for with the doctor and his *confrères* whom he quotes, these views of the action of mercury is but a theory, as the entire tone of the article shows.

We will pass to what Hughes says of the action of mercury on the intestines. While mercury has little influence upon the small intestines, the cæcum, colon, and rectum sustain the whole weight of the *poison*." The remaining remarks are not different from what all homœopathists know already. The perusal of Hughes (if Dr. Lente, has not done so already) may give the the writer on the "sedative action of calomel" food for thought.

Dr. Lente says: "*In fact in using the colomel treatment it is well to bear in mind, that there is greater danger in giving too little than too much.*" Headland, an admitted old school authority of high repute, as Dr. Lente admits, says that it makes no difference about these big, massive, or heroic doses as they are not absorbed, and are of no use. Homœopathists have long ago announced this doctrine, as we may find by perusing the older works of the father and fathers of homœopathy. We all have read of the capability of a certain quantity of water dissolving a certain quantity of salt, but add more and it retains its form unchanged. As we have seen, Parrish says: "The (let the reader turn back to the quotation from Dr. Lente just preceding the quotation from Buck) ptylism or salivation may be produced by the grain divided into twenty-four doses, *and might thus do more injury than forty grains in one or two doses*, so singular are the reactions of this powerful agent on the system."

We all know that a ball fired with a certain degree of velocity

passes through substances, leaving the surrounding parts of the opening made by its passage undisturbed, while if the same ball be propelled by a less degree of force it will produce extensive mutilation and destruction. These illustrations are facts in philosophy which require no reference to authorities.

Now we have seen that Dr. Parrish's one grain of calomel systematically applied, produces a more positively poisonous impression than Dr. Lente's massive dose. Here we have a fine argument from our allopathic friend, *for the small doses of homœopathy*. As we see Dr. Parrish divided his one grain into twenty-four parts. By this subdivision and separate exhibition of the calomel, he presented it to the system in such a form that it could absorb it readily and leisurely. By the time dose one was taken up into the system dose No. two was undergoing its initiative, or else, if not yet initiated the system was ready for it. It is just this principle which constitutes so great and desirable a part of the fabric of homœopathy. Reduce the poisonous dose, by still further subdivision, to the harmless point, and we obtain its corrective principle. We must bear in mind that in disease the human organism, the diseased structure, becomes more susceptible to remedial agents. What would produce no effect in health, becomes curative, with the additional advantage and blessing of harmlessness in disease.

To the old school physician, the stiff, starched, uncompromising, orthodox regular, a looking up of the few homœopathic authorities I have quoted must be rather confusing. These homœopaths, quacks and humbugs, as he perhaps conscientiously believes them to be, according to all these authorities, as shown in all their published records of the last fifty years, have been all agreeing upon mercurius corrosivus and the other forms of mercurial preparations, as a remedy of the first rank in dysentery. They base their agreement upon the recorded pathogenesis of the remedy as given in the *Materia Medica*. While, when he turns to his own side he finds his colleagues engaged in a vigorous war as to what mercury is? What it does? What it cures, and how it does it?

So much for the homœopathicity of mercury in dysentery. We will now briefly glance at the supposed success of this "heroic" treatment. I can now while writing this article point out two cases in private practice, where the patients had

had dysentery. In one of these cases the patient was treated with opiates and the usual concomitants of old school routine. The patient who is a man of reading and intelligence had kept a watch over the prescriptions and had uniformly objected to Mercury. The case dragged along for many months, and finally the patient wearied and worn down with the distressing condition, signified his willingness to take anything, for the sake of getting relief, mercury was now given, *secundem artem*, ptyalism developed itself, after, as the attending physician said, he had taken mercury enough to have impressed a common man many times over. This was three years this summer. The gentleman now comes complaining, that his bowels are troubled in the same old way. Every summer he has its return, while in the winter he is entirely free of trouble. The most distressing symptom with him is the tenesmus accompanying the stools, clots of blood and jelly-like greenish matter. In fact the case is one simply of maltreated dysentery. The mercury, which would have cured in the homœopathic form, having been given to excess, had produced a seeming cure. But the next summer season only showed how deceived all were. I might go on to cite more of these cases (and they are not unfrequent), but the whole may be summed up into simply that the "heroic" dosing is not the curative. It is an unscientific everpowering of the organism. F. S.

ALOE?S?

Symptoms produced by one Hooper's Pill.

First symptom was, that without the slightest premonition of pain there was an earnest desire for evacuation. *Rather profuse, thin*, and with wind, and a marked feature during the attack was, that every operation seemed to announce itself *first* in the very lowest part of the *rectum*—indeed I may say in the *anus*. Within the first hour there were *three* movements; the second (and so on to the 19th) showing nothing but slime and *bloody scrapings*, as in dysentery. Up to twelve o'clock at noon *four hours* from commencement of attack there were *seven* passages; at the *third*, pain commenced, but only when *about to move*. Then it was a twisting, grinding pain, in the lower back, and also in the uterus. Immediately after movement pain

would cease; this up to *one o'clock*, when *with* and following the 9th a great distress and uneasiness came on; continual pain all through the back, down the right leg, cold hands and feet, face very hot, but *natural color*; top of head and temples hot, with a pain that seemed as if the contents of the skull were *distended*, and *distressed* by some continually expanding agent—air or *steam not hot*; head *comforted*, but not positively eased, by cloths dipped in cold water; pulse full, stronger than natural (at times) but very little quickened, grinding pain with every evacuation, *faint* during the same, relieved by smelling of camphor; uneasy, anxious state of mind—not frightened but inclined to cry.

At 6½ the doctor came; there had then been *seventeen* movements since 8 A. M., 16 of them blood, etc., “scrapings;” but *not profuse*—sometimes not more than a table spoonful. He, gave me corrosive mercury—to be taken after every stool; there followed but *three*—two of the same bloody character—the last—the twentieth—at 10½, was slightly colored; pain in head and back ceased. I slept well; next morning felt no inconvenience except a *little* weak, have been well since then with regular bowels, and good appetite. So I have come to the conclusion that it was a “blessing in disguise.” *Pluck*, though, is a great deal; for you know I *wouldn't* give up to it, and go to bed, all that day; and next morning got up for breakfast.

New York, April 18, 1870.

MRS. V.

THE INFLUENCE OF THE MENTAL OVER THE PHYSICAL.

BY DR. W. H. BOARDMAN, PITTSBURGH, PA.

That the influence of the mental over the physical organism is very great, no intelligent observer will pretend to deny; and, that the mental condition of the mother, not only influences the mental, but the physical condition of the *fœtus in utero* is a well established fact.

Every physician should feel it to be his duty to caution his lady patients in regard to their mental emotions during gestation; by so doing, many subsequent troubles may be avoided. Some however are unavoidable, as the following case will show:

On the night of Oct. 14th, 1868, I was called to see the child of Mr. S. D. which was seized with an attack of dentition con-

vulsions. While there I learned that the child had an attack of the same kind three months previous. I also observed that the mother was considerably advanced in pregnancy.

A short time after this the mother was "confined," and gave birth to a child with its *back broken*, or, rather, at the junction of the last dorsal with the first lumbar vertebra, the spinal column was spread out flat, with a hinge-like motion which permitted the child to be doubled up either backward or forward. The upper extremities were fully developed, while the lower were only half developed—atrophied—shriveled up, looking as though nutrition and development had suddenly been suspended.

The child was kept prone upon a pillow, but only lived about 8 days.

Being anxious to investigate this matter, I learned upon inquiry, that about three months before I had been called to see the case of convulsions, the mother had taken her little boy in her arms, and visited a neighbor about a square off, for the purpose of procuring some yeast. On her way home, carrying her child high upon her right arm, he suddenly fell backward over her shoulder, she still retaining her hold upon him. *Her first terrible impression was that his back was broken.* Before she could recover from her terror, a lady who had been walking close behind her, stepped up and said "Mrs D. your little boy has a spasm." And such was the case; he had been suddenly seized with a convulsion and fallen backward over her shoulder. The lady assisted her to get him home, and called in an allopathic physician, who scored his gums, and worked all night and greater part of the next day before he subdued the convulsions.

The mother being in her first month of gestation at the time, I could very readily account for the condition of the newborn child. Who would doubt that it was the powerful mental impression of the mother upon the fœtus in its still undeveloped state that caused it?

Blue Milk.—Manifold observations have been made of illness due to the use of *blue milk*. Dr. Sigel saw fully 20 cans full of such, two days old milk, which was through and through of a uniform light blue color. The surface was covered with somewhat darker blue skin. The taste was sourish flat, and the reac-

tion weakly acid. The microscopical examination showed a large number of fungous formations in form of conglomerated roundish cells; and with filiform projections. The cells seemed to the observer, at least partially, especially those of the darker blue surface layers, where in fact the fungosities were in the largest preponderance and of closer deposition, to possess a light blue coloring. The result, therefore, of these observations agrees with that of other observers. Also the causative conditions has through the previous observations been substantiated. Prof. Erdmann has recently found that albumen cells become transformed into aniline coloring matter through intervention of vibriones. So according to Leuckart, vibriones are also vegetable organisms, in organism analogous to the fibriform fungosities. We had the proof before us that to the said fungosities the formation of this coloring matter is to be ascribed. There remains no doubt, what this aniline coloring matter is, and, therefore, "blue milk" is to be regarded as poisonous. (*Württemberg correspondenzblatt*, 1869, 36. F. S.

EPILEPSY.

BY C. ALEX. GARNSEY M. D. BATAVIA ILLS.

I have, apparently, lately finished up a case of seven years standing, or if I have not, something else has. A young man 19 years of age, had epilepsy, probably the result of masturbation. Paroxysms mostly during the night, sometimes in the afternoon. Scarcely a day passed without a fit, and usually several in 48 hours. I began and continued through a period of six months, to administer the Bromide of Potassium, (with an occasional intercurrent remedy) increasing gradually from $\frac{1}{4}$ to a grain in solution, up to 6 or 8 grains at a dose three times a day.

There was no doubt in my own mind, and none in the minds of parents, that he was growing better. The progress at last seemed to come to a "stand still," and he had a series of fits more and more frequent, and of a different character than at any time before: Clonic instead of tonic spasms, running along for several days, partial paralysis, and entire loss of speech, could not protrude his tongue, and if he comprehended at all, it was with great difficulty. Finally the case ran into typhoid, and I took him through the whole, and got him up again. Strange to relate he is smarter and better than for the past seven years. Has had a few slight attacks only in a period of several months, attends school, and his father reports, "doing well."

Pathology and Microscopy.

PROF. S. A. JONES, M. D., AND PROF. D. A. COLTON, M. D., EDITORS.

THE ESSENTIAL NATURE OF DISEASE.

A Matter of History.

The very Key-stone of pathology is a correct conception of the essential nature of disease. To have been the first to entertain, and make known such a conception is, indeed, an honor of which any school might be justly proud. Therefore, it is not a matter of wonder that sundry zealous homœopaths have claimed this proud distinction for Hahnemann and Homœopathy. Twice within the last two years have writers of our school emphatically ascribed this glory to our great teacher.

"They sought," says Prof. P. P. Wells, "for a something distinct and separate from the living organism, and the vital principle which animates and controls it, which could be recognized by the senses. This disease is not. * * * *"

And yet, till Hahnemann men were taught and believed no other philosophy of disease.

What then is disease? The true answer to this question was first given when Hahnemann proclaimed its *immaterial nature*.*

"Without the slightest allusion to Hahnemann" writes Dr. C. B. Ker, "the fact is mentioned of diseases being no longer looked upon as entitles, something to be driven out from the body, a belief which in some degree justified the poly-pharmacy of old days. There can be no doubt that Hahnemann was the first to express his dissent from that belief. In the 13th paragraph of the *Organon* (and it must not be forgotten that that work was published sixty years ago,) we read—'Disease considered as a thing separate from the living whole, and hidden in the interior, is an absurdity that could not be imagined by minds of a material stamp.'"[†]

*"The Essential Nature of Disease, etc.," U. S. Med. and Surg. Jour. Vol iii, p. 124.

†Remarks on the Introductory Lectures, Brit. Jour. of Hom. Vol. xxviii, p. 120.

Here we have the claim stated distinctly enough, but surely it must be made in ignorance, for mere over-sight in such an instance is inexcusable.

In a work edited by the scholarly Drysdale—*our* Drysdale, and the polished Russell—*ours*, too, although *abiiit ad plures* we find the following: “Neither health (*i. e.* natural action,) nor disease (*i. e.* morbid action,) are entities, but abstractly signify different modes of being, or the same modes of being under different circumstances. ‘Health and disease,’ says John Brown, are the same state, the excitement varying only in degree. Both require the same irritability and the same stimuli, but they require them in different degrees.”*

The reader will find the exposition of the Brunonian pathology in chap. vi. of the *Elements of Medicine*, but in the above quotation Fletcher presents us with a true paraphrase which is at once the text and the comment.† It will be observed that the work to which we now refer was published six years before the first edition of Hahnemann’s *Organon*, and farther that Brown issued the first edition of his *Elements of Medicine* thirty years previous to the appearance of the *Organon*.

Hahnemann had graduated at Erlangen in 1779, and in 1780, while Brown was publishing his *Elements* in Edinburgh, he was just beginning practice in the small Saxon town of Hettstadt. In 1789, while in Leipsig, he issued his work *On Syphilis* which evinces a most un-homœopathic opinion of medicines and doses. In the following year he translated Cullen’s *Materia Medica*: hitherto the current of his thought had flown smoothly in the worn channel, but now the angel came down and troubled the waters, and left in them the healing of the nations.

In 1801, “the good” Hufeland, in his *Journal der pract. Arzneykunde*, vol. v., part 2, p. 52, issued what he termed Hahnemann’s “masterly criticism” of Brown’s *Elements of Medicine*: thus it is shown that Hahnemann had read the Scotch physician’s views in regard to the essential nature of disease at least before he had published any conceptions of his own.

“Poor John Brown,” as Fletcher feelingly calls him, has received so little of the honor due him as a sturdy and indepen-

**Elements of General Pathology*: By the late John Fletcher, M. D., p. 1 Edinburgh, 1842. A work which should grace both the library and the brains of every homœopathic physician. Fletcher recognized Hahnemann’s genius at a time when it was far easier to deride him than to discern his abilities. *Si sic omnes*.

†*The Works of Dr. John Brown*, Vol. 11, p. 179, London, 1804

dent thinker that no man with an apology for a soul in him would filch one leaf from his chaplet. It is praise enough for Hahnemann that while he could find so much to condemn in the Brunonian theory of treatment, he could also discern the truth of Brown's philosophy of disease; for, while Homœopathy built upon this foundation in 1810, the *Eingenommenheit* of Old Physic kept it building on the sand until 1870. However, to see a truth in sixty years is fast work for Old Physic; but still this is worse than the pups of a yaller dog would do,—they open their eyes in nine days.

In awarding to John Brown the honor which is his we do not feel that we are littling Hahnemann. While we revere him for his great life-work we have never been able to regard the *Organon* as having its origin, *ab initio*, in his brain. If Paracelsus, Sydenham, and Brown had not preceded Hahnemann he would have missed some of the material wherefrom he framed much of the *Organon*. From his own massive intellect he might perchance have evolved the very truths which he found ready to his hand, furnished by those who had thought before him. But while these thinkers had left material wherewith any or all might build, none had discerned their value; our Teacher alone divined their worth and with them and what he himself supplied, perfected the grand design and erected a superstructure which will perpetuate his name among men until that Physician who healed the lepers of old shall return.

For the material which Brown's genius furnished towards this grand work let us give him honor cordially, heartily.

We may also remark that in so far as Prof. Huxley's *Physical Basis of Life* is antipodal to the "vital spark" dogma he, too, is antedated by Brown. "Perhaps" says Fletcher, "it was at the hands of John Brown * * * that the 'Vital spark of heavenly flame' received its first blow, and a degree of closeness and precision was introduced into physiological and pathological reasonings, of which so long as men had the free use of this *Dens in fabula*, such reasonings would of course be destitute. It was he who distinctly showed for the first time, about the year 1780, that Life as a *Psuche*, or Anima, did not exist, being neither matter itself, as the stories and Epicurians among the ancients, and Dr. Priestley among the moderns, had supposed, nor an immaterial substance added to matter, as

almost all the rest of the ancients, and so many of the moderns had imagined ; but that, as a *Zoe*, or *Vita*, it consisted mainly in a series of motions performed by organized beings, and resulting from the action of certain exciting powers attached to matter, on a certain susceptibility in other matter of being excited.”*

S. A. J.

PATHOLOGICAL INQUIRY ANSWERED.

BY EDWARD W. AVERY, A. M., M. D.

In response to “Pathological Inquiry,” which appeared in the December number of the “*Observer*” we beg leave to present the following considerations.

The post mortem reveals venous congestion of the brain, lungs and surface. Only one mode of dying gives engorgement of the veins, and a corresponding diminution of blood in the arteries, and this is death from apnœa or non-aëration of the blood. A deficiency of fresh air in the lungs interferes materially with the circulation through these organs. The capillaries for some unexplained reason will not permit the blood loaded with carbonic acid gas to pass through them with facility. Any impediment to the pulmonic circulation causes the blood to set back upon the heart and venous trunks ; while the left ventricle sends to the periphery the diminished amount of blood which flows into it from the engorged lungs. Finally, the quantity of blood in the left cavities, becoming reduced, is not sufficient to excite contraction and death ensues. It follows, then, that whatever interferes with oxygenation of the blood superinduces venous congestion. Deprivation of oxygen originates from two sources, viz : the lungs and nerve-centre. In spasmodic closure of the glottis from irritation of the mucous membrane, plugging up of the bronchi with mucus, hanging, etc., the trouble begins in the lungs. When innervation of the respiratory muscles is disturbed, the brain or spinal chord is the seat of disease ; tumors, apoplexy, serous effusion, inflammation and congestion thus, often, cut off the nerve force and result in death. The immediate cause of death is the same in both cases—an insufficient amount of blood in the left chambers

* *Rudiments of Physiology* Part 11 a. pp. 36-7--Edinburgh, 1836.

of the heart to excite contractions. Experiments have demonstrated that the paralyzing effect of venous blood circulating through the coronary arteries is of minor influence. We regret that nothing is said in this case of the quantity and quality of blood in the respective cavities of the heart.

Having determined the mode of dying, let us examine more closely into the primary cause. Evidently in this instance, nothing in the lungs interfered with aëration of the blood; for during the spasm there was no indication of asphyxia and all of the previous symptoms had pointed to the head rather than the lungs. The cerebrum and cerebellum could not have been the only parts of the encephalon implicated; for if so, we should have had purely mental alienation, and voluntary movement. The involuntary jactitation of the trunk muscles leads us to infer that the main seat was in or near the pons varolii; for according to Voethnagel, a disturbing force at this "spasm centre" effects respiration and deranges muscular action throughout the body. What was the nature of the offending cause? A mere deranger of the nervous equilibrium would not account for the phenomena. The influence must have been sufficiently permanent to have caused tonic spasm of long duration, or entire paralysis of the respiratory muscles. As the spasms had been clonic, and were subsiding just previous to death, paralysis, doubtless, prevented respiration. This might result from a tumor, the products of inflammation, extravasation of blood, or from a hyperæmic state of the vessels. In this case the time and previous symptoms exclude the first two causes. From the fact that no lesion was discovered we are compelled to conclude that an engorgement of the blood-vessels supplying the pons and upper portion of the medulla oblongata was the primary cause of death. The dementia and spasms were, probably, produced by congestion, which finally caused a sufficient amount of pressure to paralyze the respiratory muscles.

What induced the influx of blood is more a matter of conjecture. We are not informed whether the paroxysms continued at regular intervals from the 21st. to the 27th inst. If so, the congestion could be attributed to the effect of miasmatic poison on the sympathetic system. Was there but one distinct chill? then the symptoms resembled those of many cases of apoplexy.

The possibility of paralysis of the bronchial tubes, lobules and

cells depends upon the existence of muscular fibres in these parts. This point has not as yet been settled.* We know that in emphysema the fibrous elastic tissue loses its resiliency and allows permanent expansion of the air vesicles.

The change of color and texture of the brain might have resulted from the chemical action of impure alcohol. I should be pleased to learn of the expression of other views upon this matter. Pathology deserves and should receive the investigations of every truth-searcher in the profession.

REMARKS.

* We are obliged to differ with Dr. Avery on this point.

Rossignol, Schultz and Adriani have not been able to discern muscular fibres in the ultimate bronchial tubes.

Williams writes: "The walls of the minutest bronchi are composed of three coats, a mucous, a muscular, and fibrous."

Van der Kolk—a very careful and skillful microscopist—has demonstrated muscular fibres in the smallest tubes.

Kölliker has found them in tubes whose diameter ranged from 1-10 to 1-12 of a line.

Henle affirms that the smallest bronchial tubes consist of an epithelium, a layer of longitudinal, and another layer of transverse muscular fibres, with a coat of cellular membrane.

Waters—author of the Fothergillian Prize Essay on *The Anatomy of the Human Lung*—says:—

"Throughout the whole extent of the bronchial tubes, as far as the commencement of the *alveoli*, a layer of muscular tissue is found, constituting one of the coats of the tubes. In the larger vessels, the fibres are found internal to the cartilages and fibrous coat, lying beneath the elastic fibres; in the smaller ones, after the cartilages and bands of elastic fibres have ceased, the muscular fibres are found lying beneath the mucous membrane.

The layer consists of bundles of fibres of the unstriped variety which take a transverse or circular direction; in the larger air-tubes they are attached to the cartilages, but in the smaller ones they have no point of attachment, but are found taking a course round the tubes in small bundles, having distinct intervals between them. As the tubes become smaller the layer diminishes in thickness.

I have traced these fibres into the ultimate bronchial tubes, and have no doubt of their existence there; they cease at the commencement of the *alveoli*."

With such a disposition of muscular fibres, the absence thereof in the lobules and cells does not militate against the hypothesis of pneumonic paralysis.

S. A. J.

"THE MEDICINE OF EXPERIENCE."

Editor of Western Homœopathic Observer—MY DEAR PROF.—As you fail to understand me, of course you are unable to comprehend Hahnemann. I pity you sincerely, and I am only sorry that pity won't help you.

But, my dear Professor, I fail to perceive that your misfortune is my fault; and I hardly believe that venting your spleen on me will do you any good. If, however, it makes you feel the least trifle better, why, God bless you, keep at it, and I'll stand it for your sake. (This is'n't sarcasm, because I'm an awful friendly "chap," and when I *like* a man, *I don't care what I do for him.*)

As Hahnemann applied the title "The Medicine of Experience" to Homœopathy; as he never retracted or contradicted it, and as the essay cited is easily accessible to the whole school, I would modestly suggest that there is a probability of your adding to your carefully-cultivated reputation if you can possibly grow up to the comprehension of the said essay. "There's nothing like trying;" and you *may* have "better luck" in this attempt than in your critical *role*.

You "do not propose to criticise the *style* of S. A. J." I was disposed to deem this a kindly charity; but I read your "MEDICAL POMPOSITY, OR A DOCTOR'S DREAM," and I saw at once that you were merely prompted by the brute instinct of self-preservation. "Virtue is its own reward," my dear Professor, especially in this instance. Don't imagine that I under-value your "Medical Pomposity." Not a bit of it—it is so true to life that I'll bet a first-class suppository it was written with a mirror in the room.

I would like to keep on thus pleasantly joking with you; but it is "98° in the shade," and I don't care about fussing with any "blow"-fly in such a heat. When you come to New York, I'll try and make a man of you. Don't "feel bad," but look ahead hopefully.

Yours affectionately, S. A. J.

P. S.—Bless you! I've forgotten your "man Friday," and I didn't intend to slight even him.

"Samuel" is, I fear, one who has not *honor of my acquaintance*. Of course, he is to be pitied. Can't you bring him to New York, too? Is he a Greggarine; and did my notice of the Greggarine " $\frac{1}{4}$ -ly" elicit his very disinterested "long epistle?" Poor "Samuel," how long my "puff" has lain souring on his stomach, and never a chance to throw it up until now! But, I *would* like to know this genial innocuosity—you see, *I'd go and hear him talk whenever my physician ordered perfect rest for my mind.*

How naively he acknowledges that, in "writing so long an epistle," his "thoughts continued to ramble;" and what cool effrontery it were to contradict his confession. It is evidently an old habit of his; but you had better advise him, (kindly, though,) to *break it by not thinking at all*—the effort won't be much for him.

[PRIVATE.—If you ever get a chance to "*tap*" him, I'll guarantee an abundant flow of milk-and-water.]

AN OMISSION IN OUR PROVINGS.

It is true that many of our most startling successes are obtained by heeding the whisper of a subjective symptom. In the large majority of instances this clue to the remedy is, in the present state of physiology and pathology, absolutely uninterpretable. In availing ourselves of these clues many of us feel very much as if we were doing an unscientific act, and we make a sorry virtue of necessity. As year after year shows more and more emphatically the splendid value of these helps, we are in danger of seeking these alone, and when we seek these alone we are healers, but not physicians.

So far as physical demonstration is possible, we of all physicians are most bounden to seek it, and it is, at least, strange that, while we avail ourselves of every means employed in the physical diagnosis of disease, we do not attempt with the same means to facilitate the diagnosis of the drug disease. What, for instance, would a stethoscopic interrogation elicit from the heart in a Cactus proving? What would the microscope say of a Tellurium "ringworm?" To be sure a physician having all this would still need the subjective group, but having this desideratum would he not rely more confidently upon the subjective shadows?

Neubauer and Vogel, and Beale make one yearn for such provings as would enable us to utilize the fund of knowledge pertaining to the urine and its deposits.

The presence of leucine and tyrosine, with a marked diminution of urea, uric acid and the chlorides, in a case where a slight icteric tint obtained, would put the physician on the alert for acute yellow atrophy of the liver. Continental experts are puzzled to know if the pathological anatomy of many a cadaver is owing to acute yellow atrophy or phosphorus poisoning. Yet we lack the urinary data to emphasize our reliance upon phosphorus in acute yellow atrophy of the liver. The same is true of arsenic, and the tartrate of antimony, for each of these isomorphous relatives has induced fatty degeneration of the same tissues.

These objective provings would tend to elevate the scholarship of the school, for, while an ordinary physician may *perpetrate* a "proving," only a thoroughly educated one can make an objective pathogenesis. For instance: on page 864, *et seq.*, of the

New Remedies is given an "experiment" with *Pulsatilla Nuttalliana** undertaken solely for the purpose of determining its action upon the urinary apparatus; and it is doubtful if a piece of more self-condemnatory homœopathic literature could solicit the contempt of an unbelieving allopath.

This prover states that the urinary organs were normal for several days previous to the making of the "experiment."

"Amount voided daily 30 to 36 ounces. *Chemical analysis* revealed the presence of uric acid, earthy phosphates, chloride of sodium, etc." [Very lucid, especially the *etc.*] Its reaction is said to have been *strongly acid*!

"*Microscopic examinations* showed the presence of crystals of urea, uric acid, *many of the triple phosphates* (?), urate of ammonia, and a few squamous epithelia."

"Many of the triple phosphates" in a "strongly acid" urine is a feat hardly to be expected of normal urinary organs, and not yet achieved by any abnormal ones. [Will the Chicago water explain the phenomenon?]

After taking nearly an ounce of the tincture he "interrogated nature" again.

"*Chemical analysis*.—A careful analysis of the light colored urine revealed the presence of albumen and the phosphates in excess; urine feebly acid. (!) The dark colored urine revealed an excess of uric acid and the phosphates (!!); urine strongly acid. (!)

"*Microscopic examination*.—The light colored urine * * in the field of the microscope, 600 diameters, revealed quite a number of epithelia, and after standing, a large amount of phosphates, earthy and triple. In the dark colored urine was (*sic*) seen many crystals of uric acid and especially of the phosphates."

An observer who detects "the phosphates" in strongly acid urine is simply beneath criticism, and this "experiment" is cited in the fervent hope that it may be the last of its kind. So far as science is concerned his kidneys suffered in vain, unless we except the striking phenomena of *tenesmus extending up the ureters*—a from-below-upwards modality which all will make a note of.

Having now learned how not to do it, the reader can find how it should be done in the Brit. Jour. of Homœop., Vol. XV. pp. 614–619. To these results add the advances of thirteen years and consider if the possibilities are not worth an earnest and intelligent attempt. The urinary indications for *Quin. sulph.*, *Lycopod.*, *Benzoic acid*, *Merc. corr.*, and *Plumbum* hold out a promise which a proper "experiment" will not falsify. S. A. J.

*By T. C. Duncan, M. D.

Book Notices, etc.

ANATOMY, DESCRIPTIVE AND SURGICAL, BY HENRY GRAY, F. R. S. New American, from fifth and enlarged English edittion. Philadelphia: Henry C. Lea, 1870. Price, \$6 in cloth binding; \$7 in leather. For sale at Detroit Homœopathic Pharmacy.

The improvements of the present edition consist mainly in the following: An introduction on general anatomy, by Dr. T. Holmes; sixty-seven additional illustrations; and an enlargement of some sixty pages.

The author says his aim has been to "provide the student—in the smallest compass, and in the simplest language—with a plain account of things for the most part universally admitted; and which, with moderate pains, he can succeed in demonstrating for himself. In order to make such verbal descriptions intelligible, figures are necessary," and these are given with a profusion unequalled by any other text book. The engravings, (462 in the present edition,) have made the work most popular with students. Its sale will doubtless be so large that the publishers, in subsequent editions, will furnish the illustrations of minute structures which are now called for.

E. A. L.

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL, a quarterly magazine of the homœopathic practice of medicine, and medical science in general. No. 20, July, 1870.

George E. Shipman, M. D., in laying down his editorial pen, as he hopes, (but we do not,) for ever, makes some reflections on medical journalism; and homœopathic journalism in particular.

Quotations are made from the address of Dr. N. S. Davis, President of the American Medical Association, who stated that of 120 journals one-half were discontinued within from six months to three years; 20 did not continue beyond five years;

and of 30 now published, only 13 had existed a single decade; of these 13 only 7 have remained under the same editorial management. Dr. Davis concludes :

“Our experience and observations have satisfied us that most of the faults connected with American medical journalism are traceable to two sources, namely: the defective education of the profession, and the imperfect arrangements of those who undertake the editorial supervision and publication of the respective journals.”

In which, Dr. Shipman says, he heartily concurs as regards the homœopathic part of the profession; considering that the “majority of the homœopathists are indifferent to anything which will advance science.” We think Dr. S. is a little too sweeping in this statement. Too many are indifferent, with some there is a most miserable lukewarmness, and some have indulged in a Rip Van Winkle sleep; but they do not represent the *majority* by any means. And as far as our observation has extended, we believe that we *excel allopathy in this*, that a larger per centage of our physicians are intelligent and progressive.

Dr. Shipman remarks, as respects the qualification of editors. “Those who are capable of editing a medical journal, of average standing even, are not many in number, and those who are both able and willing are still fewer. Of those few, all are men of talent, of education, of standing in their profession—they are not men of leisure—they are men sought for by the sick and suffering, and if they edit a journal they do it in odd moments, snatched from repose and recreation; sometimes, may be from a patient who has to be neglected in consequence, consequently their work is done but imperfectly—they do not do half, nor quarter, what they should, nor do they do it as well as they should, or as well as they could, if they had the proper time.”

This is just and appreciative, but Dr. S's prescription for the defects which he deplores we cannot endorse.

He says, “establish a first-rate journal where there are half a dozen or more poor ones, and those which do not die out will improve at once. But this cannot be done by any journal which is any private interest, if for no other reason, *because every other private interest is against it.*” We have not found this to be generally so in our experience. We believe that medical journals that are commenced by individual enterprise are patronized to the extent of their merits, and are more truly representative of

the profession than organs of colleges, societies, or parties. The one relies for support directly upon the profession; the other looks immediately to the society for its sustenance. *Let medical journalism be free.* Let all enter the field who desire. Those that the profession want will be sustained, and the others will die naturally. If societies, or other organizations, are used to divert the support of the profession from individual enterprises in journalism, they may succeed to some extent; but the weakness of the society-fed journal compared with the vigor of the representative organ will soon manifest itself.

The U. S. M. & S. J. has been purchased by Drs. A. E. Small, R. Ludlam, and W. Danforth, who will edit the same. We welcome them cordially to the ranks of the editorial fraternity, and trust that they will meet with satisfactory encouragement in the enterprise.

E. A. L.

MATERNITY, A POPULAR TREATISE FOR YOUNG WIVES AND MOTHERS.—

By Tullio S. Verdi, A. M., M. D., of Washington, D. C. New York, J. B. Ford & Co., 1870. Price \$2.25. For sale at Detroit Homœopathic pharmacy.

WE hail the appearance of this work with real pleasure. It is dictated by a pure and liberal spirit, and will be a real boon to many a young mother. Part I treats of procreation; fertility, sterility, pregnancy, abortion, etc. As regards criminal abortion the author takes high moral ground. Part II. is devoted to labor, and disorders incident to parturition. Part III. gives instruction respecting the nursing and raising of infants. Part IV speaks of the diseases of infancy and childhood. Part V. the moral and physical training of children. The remainder of the work is devoted to dietetic rules, treatment of casualties, medicines, index, etc. We hope that the book will sell so well that a new edition will be soon demanded, and for this we would suggest the substitution of plain words for many technical terms, a glossary of all the medical phrases contained in the book; and a revision of the list of remedies.

THE ANNUAL RECORD OF HOMŒOPATHIC LITERATURE 1870.—Edited by C. G. Raue, M. D., assisted by Dr. T. F. Allen and others. Published by Bœricke & Tafel, New York, at \$3.50 and for sale at Detroit Homœopathic pharmacy.

The annual Record contains 416 pages octavo. To this is added by the publishers 80 pages of statistics; 92 pages are devoted to materia medica, poisonings, provings, remarks, charac-

teristics, 238 pages to practice, 13 to surgery, 17 to theory, 10 to posology, 3 to climatology, 7 to physiology, 2 to chemistry.

Practice and materia medica reports are pretty full, but the surgical department is very meagre indeed. (13 pages out of 416.)

A large amount of labor has been expended in the preparation of this digest. If it does not fully meet the expectations of our physicians they must consider that this is the first abstract of our periodical literature that has been published, and subsequent issues will be much more perfect.

Our practitioners, who take nearly all the American journals, would have preferred more extensive reports from the foreign periodicals: mere references to American publications would have been sufficient.

On page 47 this journal is referred to as A. H. J., and on p. 375 as Am. Jour. Hom.—both mistakes; no one would think that the *American Observer* was intended.

If the statistical portion of the work had been arranged differently it would have been a great improvement. Had there been given an alphabetical list of physicians as well as of places a less number of errors would have occurred, for instance Dr. J. A. Albertson would not have appeared as at San Francisco as well as Detroit. Dr. A. S. Austin at Plymouth, Mich., as well as at Argentine, Mich. Yet, notwithstanding a number of such repetitions, and the insertion of the names of persons who are not homœopathic physicians, and of others long since dead, we think the directory does not contain more than about two thirds as many names as we have practitioners. E. A. L.

GOOD HEALTH, A JOURNAL OF PHYSICAL AND MENTAL CULTURE.—Alex Moore, publisher, Boston, Mass., \$2 per year,

The September number comes to our table August 26. The hygienic papers which are published in this magazine from month to month are always well written. The present number contains; Preventable Diseases; Household Education for Women; How to Eat; Sir. J. Y. Simpson and Chloroform; Infant Mortality in France; On Poisons, 4th paper; How to Ventilate a Sick-Room; Muscular Motion, 2d paper; Sugar; The *Scientific American* vs. Carl Both; How to Bring up Babies; Water; Instinct; Reason; Charles Dickens; and a number of short articles.

PLANS, VIEWS AND SPECIFICATIONS OF A MODEL HOUSE. published by the Architect Geo. J. Colby, Waterbury, Vt.

We have received from Mr. Colby his general description and specifications, (25c) lithographic plates and drawings (\$5), and stereoscopic views, (\$6.) Mr. C. sells the whole at \$10, and they are worth that sum to any one who is about building a dwelling. There is an exhibition of a large amount of Yankee ingenuity and practical wisdom in Mr. C.'s designs. The entire cost of the model house, including foundation, furnace, cistern and water works was less than \$9,000. He says, "If you have but \$3,000 to build a house with, take \$1,000 of it and provide for thorough, scientific warming and ventilation, water supply, and such practical conveniences as will make the women's work light and pleasant, and the house comfortable and healthy for all the family, and then, with the other \$2,000, surround these conveniences with such a plain substantial structure as it will furnish; and you will have a dwelling, far more valuable and satisfactory, than, had you applied the other \$1,000 in making it a little larger or more showy, without the "modern improvements." E. A. L.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN, by R. Ludlam, M. D., Prof. of Obstetrics, etc. Published in parts at \$1 each, by C. S. Halsey and Western News Co., Chicago, and sold at Detroit Homœopathic Pharmacy.

The second part just received contains the remainder of Lecture VI, and Lecture VII on ovaritis; Lecture VIII on bilious colic during pregnancy; prolapsus uteri with superficial ulceration of the cervix; pruritus of the vulva; Lecture IX on ovarian neuralgia and excoriated nipples; Lecture X on urethritis and membranous dysmenorrhœa; Lecture XI on menstrual retention, a cause of uterine displacements; uterine colic; and post partum ulceration of the womb.

We referred to the first part in the July number (page 352). The present part fully equals the expectations we entertained when the first number was received. The whole work will be a most valuable addition to the literature of our school.

One of our colleagues sends us an extended notice of this part, which we expect to find space for in next number. E. A. L.

Colleges, Hospitals, Societies,

Philadelphia Homœopathic Hospital.—The *Philadelphia Evening Bulletin* says: Many of our readers will remember the great Homœopathic Fair, which was held in Horticultural Hall in November last for the benefit of a hospital. The large sum of money then raised, together with other sums added to it, have been appropriated to the purchase of the Hahnemann College building and those situated in the rear and facing on Cuthbert street for hospital uses.

From plans submitted by Mr. Betts, the architect, a contract was made, and on the 2d inst. work was commenced, and at our present writing, the buildings on Cuthbert street are nearly leveled to the ground preparatory to laying the foundation of the new building.

The main building is to front on Cuthbert street, and run back 72 feet, and connect with a wing running parallel to the rear of the college building, 35 feet. It is to be four stories high above the basement.

In the basement are the kitchen, matron's parlor, dining-room, etc. The first contains the receiving ward, offices, resident physician's rooms, etc.

In the second story are to be two private wards and one public ward, the latter of which is to be 72 feet in length, with two rows of beds. The third story is to be the same as the second. The fourth story is to be used for laundry, drying-room, store-rooms, etc.

A suitable number of bath-rooms and water-closets will be furnished to each story. A dumb waiter will connect each floor with the kitchen, and there will also be an elevator, which is considered of paramount importance to the welfare and comfort of the patient. The floors will be ten feet between joists, and each floor will communicate with the college building.

The college building is having extensive repairs, the centre of the building having settled somewhat. A new and spacious amphitheatre is also being put in, suitable for the accommodation of 350 students. The friends of this system of practice will, of course, rejoice to know that such excellent facilities are to be afforded by this combination of a hospital and college.

The following named gentlemen are the Trustees of the Hospital, and are pushing it to an early completion: J. W. Sexton, Treasurer; D. T. Pratt, Secretary; Rev. Howard Malcom, D. D., Edward S. Lawrence; Augustus W. Koch, M. D.; James B. Reed; T. Guilford Smith; Byron Woodward; F. E. Boericke; M. D., John A. Marshal; John T. Midnight; Rev. B. F. Barrett; Wm. McGeorge, Jr.; and John Dick, Trustees. The President of the Hospital was Charles F. Norton, recently deceased, whose place has not yet been filled.

Hahnemann Hospital, of New York, 307 East Fifty-fifth st.—Officers—President, Hon. Hiram Calkins, Editor N. Y. *World*; First Vice-President, D. D. T. Marshall, Prest. Homœop. Mutual Life Insurance Co.; Second Vice-President, Wm. Radde, Esq., Third Vice-President, Hon. R. B. Connolly, Comptroller City of New York; Treasurer, John Davidson, Esq., President Manufacturers and Builders Bank, N. Y.; Secretary, H. C. Brown, Manufacturer of Burglar-proof Safes, N. Y.; Medical Director, F. See-ger, M. D.

Directors, in addition to the officers named.—Hon. Charles E. Loew, County Clerk, N. Y.; Hon. George C. Barrett, Lewis Hallock, M. D.; Hon. R. A. Storrs, Vice-President North Eastern Homœop. Medical and Surgical Dispensary; B. F. Bowers, M. D., R. Reisig, M. D., Col. J. M. Bundy, editor N. Y. *Evening Mail*; F. W. Hunt, M. D., Rev. A. E. Kittridge, Pastor Eleventh Ave. Presbyterian Church; Charles E. Blumenthal, M. D., James R. Boyd, Esq., of Boyd & Hincken, Importers.

The hospital is in a flourishing condition having over \$8,500 in its treasury for defraying current expenditures. Aside from this the twelve lots of ground donated by the State government (valued at \$100,000) and the \$20,000 by the State to aid in the erection of a new building, some \$5,000 have been already subscribed by private parties towards the new hospital building.

Laying of the Corner-Stone of the New Hahnemann College and Hospital, during the Session of the American Institute of Homœopathy in Chicago.

On the second day of the session, immediately after adjournment, the members took carriages to the corner of Twenty-eighth street and Cottage Grove, where the ceremonies in connection with the laying of the corner-stone of the new homœopathic college and hospital took place.

THE BUILDING

is under the contract to be completed Oct. 1, 1870. It is 55x63 in dimension and is to be three stories in height, with basement.

The lot was offered by Hon. J. Y. Scammon, and fronts 60 feet on the Cottage Grove ave, with a depth of 200 feet. The building will accommodate 300 students, and contains all the usual departments and conveniences of such buildings, together with separate dissecting rooms for ladies and gentlemen.

INTRODUCTORY.

The carriages having arrived at their destination, the services of the dedication were commenced by an address by Dr. Small, the president of the college. Dr. A. E. Small said:

"For an hour we have left other scenes of interest to repair to this place, for the purpose of formally inaugurating an enterprise which we humbly trust has the approval of Heaven, as well as the fullest sanction of our wisest and best fellow-citizens and countrymen.

We assemble in the broad light of day, and beneath the drapery of the sky, with our rights, privileges, and preferences, protected by the Sovereign Ruler of the Universe and our country, to witness and assist in the laying of the corner stone of a new "temple of medicine," to be called "The Hahnemann Medical College of Chicago," named in honor of him who first discovered and announced to the world that great central principle in therapeutics, popularly termed "homœopathy," and more especially because we conscientiously believe this discovery to have been of such immeasurable and practical advantage to the human race that we are justified in ranking it in the curriculum of medicine with the other sciences of observation. With heartfelt gratitude, therefore, to the Great Giver of all good for having endowed us with the right and privilege of serving Him and humanity according to the dictates of conscience, let us look to Him for wisdom, and for light and knowledge to guide us onward in this work, which, should fortune favor, we hope to accomplish in a few months.

THE CEREMONY.

Prayer was offered by the Rev. Mr. Jennings, after which the ceremony of laying the corner stone took place.

The stone was hoisted into its place by the building committee, *Dr. W. Danforth, Dr. E. M. Hale, and Dr. F. A. Lord*, and the cement was applied by Dr. A. E. Small, President of the Board of Trustees. Within the stone was placed the customary box, containing historical documents, such as copies of the daily papers, and of the commencement exercises of the college, and Hahnemann's *Organon of medicine*. In addition to these, a photograph of Mr. Scammon of recent date was deposited in the box.

ADDRESS BY DR. SMALL.

At the conclusion of the ceremony, Dr. Small spoke as follows:

The corner-stone of Hahnemann Medical College is laid, and henceforward let the work of raising the superstructure go on, until it stands forth as a monument of beautiful proportions, as well as a fine college edifice in readiness for its faculty, museum, dispensary and apparatus. Let it be honored as the hall for thorough instruction in all the broad principles of science

embraced in medicine—the nursery of every branch of knowledge that can be made practically available in promoting the mental and physical well-being of mankind; and, with its faculty so well appointed that students of both sexes will be attracted by their reputation from the north, south, east, and west, feeling assured that here is the amphitheatre, and here the lecture-room for receiving instruction in the latest achievements of science, therapeutics and surgery; and we are led to believe that their seats will be made comfortable in proportion to the amount of interest infused into them by the lively didactics of each and every teacher.

Hitherto, and for the last 10 years, the faculty of Hahnemann Medical college have been subject to temporary and restricted accommodations, which they have surrendered, with the encouraging prospect of soon occupying apartments more desirable for diadactic, dispensary and hospital privileges, and for testing the utility of the comprehensive doctrines of homœopathy. About 30 years ago, the Hon. J. Y. Scammon, a distinguished fellow-citizen of Chicago, was the first layman known to have had homœopathic practice in his family in this city. About 32 years ago the first homœopathic medicine was prescribed in the State of Illinois by a physician, and he the first representative of the system in this State, the first on whom the mantle of Hahnemann fell with a great, if not a double, portion of the spirit. This physician is present with us this day, our distinguished co-laborer and fellow-citizen, Dr. David S. Smith. Mr. Scammon, who, 30 years ago had no associate partner of homœopathic practice to sympathise with him in his preferences, can to-day rejoice in being the first to lead the way for a mighty army of practical defenders of the homœopathic faith. There are at this time seventy-five or a hundred thousand patrons of homœopathic practice in this city, and twice as many more in the State. Had no one come forward to assist Dr. Smith, his practice would have become prodigiously large before this. But he was not long suffered to remain alone. Other physicians began to betray a fondness for training in his company, and now more than 400 physicians have come into fraternal relation with him in this State. And so, my friends, you may perceive our cause, which is the cause of truth and humanity, has not been at a stand-still in the Northwest. There stands “Scammon hospital”—a nucleus which is prophetic of a more magnificent structure in the future, but now capable of accommodating 40 patients. The trustees and faculty of the college, through the distinguished generosity of Mr. Scammon, have secured the free use of this building, as soon as finished, and also from the same liberal source the lot, on which the college building is commenced, has been furnished. May the honorable donor live to see these two buildings completed, that his name may also stand first in weaving homœopathy into a charity, in Chicago; and may the name of

Dr. D. S. Smith, the pioneer of homœopathy in the State, who was instrumental in obtaining the charter of Hahnemann Medical college and for ten successive years was its president, be written sufficiently upon the scroll of fame to be held in remembrance by future generations; and while the college stands may a catholic and liberal spirit pervade its transactions. While from conviction of its importance it will hold up the great discovery of Hahnemann as the corner-stone of Therapia, and a branch of science requisite for a complete medical education, let it be tolerant in regard to matters of private preference, and ever ready to exercise kindness and courtesy to gentlemen of the medical profession in general, and to admit them with friendly liberality to its courses of instruction, that the cause of science may be served, the community honored, and society benefited.

COLLATION.

At the conclusion of the address, the members of the institute were invited to Scammon hospital, situated adjacent to the college grounds, where a collation was served. Short addresses were delivered by H. M. Smith and Mr. Scammon, after which the delegates returned to the hall.

We are informed (August 13th) that the college building is roofed and rapidly reaching completion. It will be ready for the reception of students by Oct 1st. One of the professors declares that it is "*a perfect gem of a college.*" A class of about one hundred is expected.

Wisconsin State Homœopathic Medical Society.—The sixth annual meeting will be held in Milwaukee on Thursday Oct. 6th, 1870. Matters interesting to every homœopathic physician in the State will be considered. It is very desirable that the meeting shall be a large one.

N. A. GRAY, Secretary.

Homœopathic Medical Society of the State of New York.—The nineteenth semi-annual meeting will be held at Rochester, N. Y. on the second Tuesday in September (Sept. 13) 1870 *H. M., Paine* Rec. Sec., Albany, N. Y.

Kansas Homœopathic Medical Society.—The second annual meeting was held May 4, at Lawrence, Dr. Richard Huson, President. Bureaus were appointed to report at next meeting. At 8 p. m., the President gave an address on the "Principles and Practice of Homœopathy." Election of officers for ensuing year resulted as follows; *President*, Dr. J. A. Rubicon, of Atcheson; *Vice-President*, Dr. S. K. Huson, of Lawrence; *Secretary and Treasurer*, Dr. J. J. Edic, of Leavenworth; *Censors* Dr. H. F. Klemp, of Topeka; L. Grasmuck, of Weston, Mo; George Dick, of Topeka; S. B. Anderson, of Lawrence; S. K. Huson, of Lawrence. *Orator*, Dr. L. Grasmuck, of Weston, Mo; *Alternate*, Dr. M. Mayer, of Leavenworth. *Delegates to American Institute*

of *Homœopathy*, Drs. J. Hensley, of Lawrence, and C. E. Mc Collister of Manhattan. The next meeting will be held at Topeka, first Wednesday of May 1871.

New York State Homœopathic Medical Society.—The semi-annual meeting of the Society will be held in the City Hall, in Rochester, Tuesday, September 13, 1870.

The morning session will begin at 10 o'clock; the afternoon session at 3 o'clock; and the evening session at 8 o'clock. The meetings will be entirely devoted to the discussion of subjects pertaining to the practice of medicine and surgery. Reports will be presented by the several bureaus appointed at the last annual meeting, on Surgery, Clinical Medicine, *Materia Medica*, Obstetrics and Statistics.

Members of the profession in all parts of the State are invited to be present, especially those who are unable to attend the annual meeting in February, for whose accomodation principally the semi-annual meeting is intended. They are also requested to aid in rendering the sessions interesting and instructive, by the communication of records of clinical cases, histories of epidemics, reports of provings, and papers on any subject relating to medical science.

An address will be delivered in the evening by Hon. J. C. Chumaseo, of Rochester.

A reception will be given by Drs. Sumner and White, at their residence, No. 14 South Clinton street, immediately after the conclusion of the address.

Among the prominent hotels are the Osborne House, Congress Hall, Brackett House, Waverly Hotel, Clinton Hotel and National Hotel, all located in the immediate vicinity of the place of meeting.

The attendance of a large number of delegates from the several county and local societies will insure a proportionate increase of interest in the meeting; it is hoped, therefore, that all parts of the State will be fully represented.

E. D. JONES, *Corresponding Secretary*.

H. M. PAINE, *Recording Secretary*.

E. H. HURD, 42 Sophia Street, Rochester.

G. W. PEER, Washington Hall, “

T. C. WHITE, 14 South Clinton St., “

L. H. REYNOLDS, Brockport,

Committee of Arrangements.

ALBANY, August 24, 1870.

General Agent wanted for the State of Michigan by the Homœopathic Mutual Life Insurance Company of New York City. The company wants an *efficient* agent who can devote the time necessary to make the superior advantages of this company known. Enquiries should be addressed to the company direct. (No. 231 Broadway, New York.)

The Ladies Aid Society of the Hahnemann Hospital of New York City, after its summer adjournment will recommence operations in September. This society is composed of a number of the most prominent ladies of the city of New York—leaders of the *ton*. It was organized early in the present year and has sought in every way to advance the cause of a Homœopathic Hospital. With so many *fair* ladies laboring, the prospect cannot be otherwise than fair, and so it is. Mrs. R. B. Connolly, is Honorary President. Mrs. Connolly has had homœopathic treatment in her family for more than thirty-five years, her charities and kindness of heart have given her a most enviable reputation in the great empire city. Mrs. C. E. Vandever is President, another a good selection. Mrs. Hiram Calkins the amiable wife of the President of the hospital is first Vice-President, and the following ladies in the order of their names, the additional Vice-Presidents; Mrs. Wm. P. Earle Mrs. E. J. Kellogg, Mrs. A. Oakey Hall, Mrs. F. P. Earle, Mrs. R. A. Storrs, makes a most charming (Secretary of Finance) Treasurer, Mrs. Harry Earle, with peculiar grace presides as chairman, of the Executive Committee, and Mrs. R. C. Hutchings by her vivacity and charming courtesy efficiently fills the office of Recording Secretary. Miss Carrie L. Peet is Corresponding Secretary. In addition to the ladies named the following ladies well known in New York fashionable society are members. Mrs. F. Seeger, Joel A. Fithian, N. A. Calkins, Radde, Abm. Bassford, Wm. Hanford White, E. H. Kent, John Davidson, Mrs. Dr. J. H. Demarest, Mrs. Dr. Reesig, Mrs. G. C. Barrett, Mrs. Kellock, Mrs. McDowell, Mrs. C. A. Boole, Miss Clara and Miss Julia Brown, Miss Gussie Biggs, Miss Helene and Frederiqua Seeger, Miss Pinckney, Miss Lottie Boole and many others.

The ladies are intending to hold a fair, and *solicit most earnestly the co-operation of the Homœopathic physicians*. A ball is also to be given and various other dramatic and musical entertainments. Last but not least we find Mrs J. O. Rhines whose energy and charming manner are greatly appreciated. s.

Medical College for Women.—The regular session of 1870-71, will commence on Tuesday, November 1st, and continue twenty weeks. A short preliminary term will commence October 4th, at the College, 187 Second ave. Mrs. C. F. Wells, Secretary, 389 Broadway, N. Y.

New York Homœopathic College—*Preliminary Course* commences September 27th; lectures will be delivered by Prof. C. G. Raue, M. D., of the Hahnemann Medical College of Philadelphia; by W. W. Rodman, M. D., of New Haven, on *Materia Medica*; by C. A. Bacon, M. D., of New York, on *Bandaging*; and by other distinguished gentlemen.

Students who propose to attend the regular course of lectures, should, by all means, be present during the preliminary course for which there is no additional charge.

American Homœopathic Observer.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR.

TERMS.

1. ALL SUBSCRIPTIONS COMMENCE with January number of each year, so that each subscriber receives a complete volume of 600 pages. Subscriptions are not taken for parts of volumes. (Single numbers 25 cents each.)

2. ALL SUBSCRIBERS ARE CONSIDERED PERPETUAL in the absence of notice to discontinue. Discontinuances should be notified by return of numbers not paid for, marked across them "*Declined*," with name. If name is not given distinctly, mistakes cannot be avoided.

3. THE PRICE TO THOSE WHO PAY IN ADVANCE IS TWO DOLLARS. If payment is delayed for six months, \$2.50 will be charged, and \$3.00 at end of year. *Advance payment of Two Dollars preferred.*

4. CLUB RATES.—For Five subscribers, \$ 8 50
 For Ten subscribers, 15 00
 For Fifteen subscribers, 23 00
 For Twenty subscribers, 28 00

5. Missing numbers (lost in the mail or otherwise) will be supplied as far as practicable, to regular subscribers at half the retail price, adding postage—(14 cents each, net.)

6. REMITTANCES ARE NOT AT PUBLISHERS RISK, unless sent by postal orders, or in registered letters.

7. POSTAGE. The postage on the OBSERVER is *twelve cents per year*, to be prepaid quarterly by the subscriber at the Post Office where it is received.

8. PREMIUM OF SEVENTY-FIVE CENTS in Books or other goods will be paid for each NEW SUBSCRIBER obtained by any old subscriber or student.

9. ADVERTISEMENTS should be sent by the tenth day of the preceding month. Transient advertisements must be accompanied by Cash, (One Dollar and a half for each hundred words.)

MEDICAL ETHICS.

Dr. Duncan publishes in the *Investigator*, p. 566, August the following response, to the article in *Observer* for July, p. 342.

We confess to no little surprise when Prof. Colton handed us the above, for we did not believe it possible that the possessor of four medical diplomas and the General Editor of the *American Observer* could get so befogged on the subject of medical ethics.

We dislike to again refer to this subject of advertising, but Homœopathic physicians are being denounced as "a set of advertising quacks;" and for the sins of a few the whole profession must suffer disgrace. We are very sorry that the editor of the medical journal lends it the least countenance!

The Code of Medical Ethics adopted by the American Institute of Homœopathy. *forbids* nothing. It is a code of honor and dignity, and not

"—A hangman's whip.
 To hand the wretch in order.

It clearly *discountenances* advertising as specialists, riding into public notice by the treatment-of-the-poor-gratis-dodge, promising radical cures, publishing cases or operations in the public press, making a show of skill, *exhibiting* evidences of superiority, or similar quack advertising manœuvres. It is clearly opposed to all attempts of one physician to raise himself above his brother practitioners, excepting, of course, by the legitimate means of hard study.

As a rule, those who have adopted medicine as a *profession* observe the greatest modesty, while those who follow medicine as a *business* are disposed to follow trade rules, *e. i.*, to make the greatest display of the greatest acquirements and professed skill, to thereby attract money. In Paris* the display of signs, even, is considered unprofessional.

The answers to the questions propounded in the above, will also settle, to some extent, this question: When and where can a *physician* advertise?

Dr. Dudgeon's card seems to be taken from the British Homœopathic Directory? in that registry, and in the land of titles, it is proper and in good taste, as witness the abbreviations of his numerous honors (in a public advertisement, of course, these would be written out *in full* for display); in a city directory the name, profession and residence only are admissible.

Dr. Pomeroy's announcement of his removal is allowable, and his numerous first-class references, showing his social and medical standing were at once proper and satisfying. References eleven years ago when there was no code of ethics, were not a quack dodge as now. His N. B. claims no special skill. It offered the severest test of his medical ability, and at that day was a further proof that he was not an adventurer. In this day and age it is not deemed good taste.

Dr. Day's advertisement is a flagrant violation of *both* the spirit and letter of the Code. Not being a member of the institute, however, he has not agreed to be bound by its ethics.

It is believed our Code discountenance specialism; therefore, many of our best physicians take exception to the title, "Homœopathic physician." In England it is not allowed.

Dr. Lodge's advertisement, it will be seen, certainly violates the *intent* of the Code of Medical Ethics. Claiming to be a *graduate* of a certain medical college (ranking with those who have studied long years for their diplomas), when the person has only a *special* degree therefrom, is not according to the spirit of medical ethics. We are informed that the laws of New York recognize no such degree as a *special* one, and the American Institute "*disapproves*" of them. (See page 512.)

The excuse that the above advertisement was published to deny the report that he "possessed no medical education," hardly satisfies the profession. Would it not have been a better plan, a very easy matter, to publish in the *Observer*, for the benefit of these "*professional opponents*," (and for many others who are equally as ignorant,) certificates from the professors of the Cincinnati, Cleveland, Chicago† and New York school, whose medical lectures he attended? The possession of many diplomas, physicians are not aware, is not always synonymous with medical erudition; special, complimentary and honorary degrees are too common and carry with them no medical knowledge. People could not, and would not, be apt to credit such reports after *knowing* of a physician's skill, even if he is not a "numerous" graduate. Strict attention to practice, taking part in the discussion of scientific topics in medical societies, publishing clinical cases in the *medical press*, and giving little attention to ethics, advertising and medical politics, would soon live down the bad effects of a million of such "reports."

Since this subject has assumed the shape it has, is it not due the profession (and to vindicate his medical reputation), that Dr. L. (pharmaceutist) furnish proof of where and when he attended medical lectures—obtained a medical education? Is it not about time that his long silence on medical topics, that are interesting practitioners in our societies and journals, was broken? If a person attended four or five courses of medical lectures, his opinion and knowledge on practical topics must

*They use cards, however, very freely.

†We have failed to meet the professor who will testify that Dr. L. attended a course of medical lectures in the Chicago school.

be invaluable! Is not the following section of the Code violated by this studied silence?

"Inasmuch as every member of the medical profession partakes of the honor in which it is held, is entitled to its privileges and immunities, and profits by the scientific labors of his predecessors and associates, it is his duty faithfully to endeavor in his turn to elevate the position of the profession, and, by every honorable exertion to enrich the science of medicine."—*Code of Ethics*, Part II. Art. I, Sec. 1.

Another point in this case. The Code recognizes physicians as those "who devote themselves to the care of the sick," and "the essential qualification of a physician as being a thorough and complete knowledge of *all* the direct and collateral branches of medical science." Several of our pharmacutists possess this knowledge, as well as degrees and honors in abundance—even to that of professor—but still lay no claim to being *physicians*. This is the rare instance where a pharmacist and "Homœopathic Chemist" has attempted also to *assume* the prerogative of physician, and that by the very undignified and unprofessional method of advertising. Such an anomaly in this age forfeits professional confidence.

DR. LODGE'S REJOINDER TO ABOVE.

T. C. Duncan, M. D.—Your editorial (Medical Investigator p. 568) "*assumes*" that I am only a pharmacist and homœopathic chemist, have only honorary or special degrees, and have no right to call myself a physician.

I offer to produce at my office, at any time, to any one, evidence that I studied Anatomy with Prof. Shotwell in the Ohio Medical College in 1842; Chemistry with Prof. Locke in the same College in 1845; that after attendance upon three full courses of Medical Lectures, I received the degree of M. D. February 28th, 1849, and have been in active practice since. Instead of its being true that I am not a regular graduate, and not in active practice, the facts are: (1) that I was in practice for ten years before I became a pharmacist; (2) that I have been engaged in practice as a physician every year since 1849 (over 21 years,) and am now actively engaged in practice.

I set against your challenge these proofs, the honorary degrees conferred by our homœopathic colleges, and the records of a successful professional career.

The misrepresentations, direct, and indirect, of your editorial are numerous.

1. That I have not received a medical education.
2. That I am merely a pharmacist and not a physician.
3. That I am not engaged in the practice of medicine, or devoting myself to "the care of the the sick."
4. That I have furnished no evidence of a physician's skill.
5. That I claim to have attended lectures in the Chicago school,

6. That there was no code of ethics eleven years ago.
7. That "the profession" question the propriety of the advertisement, or call for any satisfaction or explanation.
8. That the advertisement was for "*professional opponents*," and not for the public.

Why *you* use your pages to circulate misrepresentations respecting the editor of a journal of which you have spoken as you have done is readily accounted for. That I shall forfeit the professional confidence I have gained, you may look for in vain.

EDWIN A. LODGE, M. D.

DETROIT, August 24, 1870.

The readers of the *Observer* who were fellow students with us in Cincinnati 22 years ago will read Dr. D's. statement with some degree of indignation. *Will Dr. D. say what he was doing 22 years ago?*

Last paragraph of our note to him will appear ambiguous to some. A little awkward in its construction? Dr. D. will understand it. Will he criticise it? Will he make the retractions he should?

Judging from the past it does not appear that Dr. D's. code of *ethics* provides for the correction of misstatements. We commend to him the casting aside of his present malice and the study of the *Golden Rule*; a short code but so comprehensive it will take him beyond the *mists of malicious misrepresentation into the sun-light of good-will.*

E. A. L.

ECLAMPSIA.—INQUIRIES.

"There was a great degree of ulceration, for which she had been treated some time previous by an allopath; membranes were ruptured after a few slight pains, indicating that the ulcerative process had reached them after the escape of water."—E. D. L. Parker, M. D., in *Am. Obs.* p. 395

I. Where was this "great degree of ulceration?"

II. When were these "few slight pains" before, or after your arrival? I ask because a little further on the report says: "I was told there had been no pains at all?"

III. Do you wish to convey the idea that "the ulcerative process" extended itself during the stage of labor which had now lasted "some 12 hours," or a little more, to the membranes; or, that it had previously done so and caused a premature labor by, probably, its effect upon the womb and the membranes?

IV. Is not a sensitive condition of the vagina and os, or, more properly the neck of the womb, in the first stage of labor, in

primipara, the rule; that is, in a majority of the cases in a healthy condition, partly from fear, and partly from the increased action of all the female reproductive organs of generation, is it not present?

In the closing paragraph allusion is made to the contracting powers of the womb which, taken with the case, or points upon which the above inquiries are solicited, leaves it not clear to me; and, then again, there are important pathological grounds covered in this case which in my queries it is sought to elicit remarks upon.

To me there are doubts about the Eclampsia being cured by Belladonna in this case; not, that it was not appropriate, but that the case would come out all right as soon as appropriate treatment removed the effects of the anæsthetic, or the system had time to establish an equilibrium in itself.

Let us have a little clearing up of the important and interesting points in this case, and thus aid us, one and all, who want aid, in similar trying situations.

Farmington, Me.

O. W. TRUE.

Death from Chloroform.—The Chicago papers of August 27, contain accounts of the sudden death of William W. Leonard, a merchant of Chicago, 26 years of age, after the administration of chloroform by Dr. G. D. Beebe. Some of the correspondents of the papers are quite severe in their strictures upon the doctor, charging him with either ignorance or criminal carelessness. It is said that "sometime ago a cystic tumor made its appearance over Mr. L's. left eye, and, as it was gradually growing larger, he determined to have it removed. He accordingly consulted Dr. Beebe, who administered chloroform. He inhaled it easily and manifested no feeling, tending to show that he was taking too much. The operation was nearly completed, when, suddenly, he threw back his head, his neck became stiff and he gasped. The doctor thought the glottis had been closed, and put his finger into his mouth and drew his tongue forward so as to open it. He then looked at the pupils of the eye, and saw that they were becoming dilated. Ammonia was sprinkled on a napkin, and placed so that the patient could inhale it, while artificial breathing was kept up. As the heart did not act, an electric machine was used, and a strong electric current passed through his body, but this had no effect, and after half an hour had been spent in efforts to restore vital action, no signs of it appearing, the case was given up as hopeless. The Deputy Coroner was notified, and held an inquest, and the jury rendered a verdict of death resulted from paralysis of the heart, produced by the inhalation of chloroform."

We hope that an impartial investigation will exonerate the doctor; but the result in this case will doubtless change his opinion as to the harmlessness of chloroform.

The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

Souls. At a public sale of books in London, Drew's "Essay on Souls" was knocked down to a shoemaker, who, to the great amusement of the assembly, asked the auctioneer if he had any more books on shoemaking to sell.

A specified bill.—A good anecdote is told of the famous French surgeon Nelaton. Going through one of the streets of Paris one day he came upon a crowd standing in front of a drug store. There a man lay stretched out terribly wounded by a sharp buggy-shaft, and a large part of his intestines protruded. His life could be saved only by a very difficult and dangerous operation, but Nelaton was equal to the occasion and soon his patient quite a wealthy man, was sent home out of danger. For three weeks Nelaton heard nothing more of him but then he made his appearance and asked his preserver how much he owed him, "Hundred and fifty francs" replied the surgeon. "That is too much," said the man, "but give me a specified bill; here is your money" Nelaton sat down and wrote as follows: "For readjusting a yard and a half of the intestinal canal, at a hundred francs per yard one hundred and fifty francs."

Thought discovered.—"I suppose," said a quack, while feeling the pulse of a patient who had reluctantly submitted to solicit his advice, "I suppose you think me a bit of a humbug?" "Sir," gravely replied the sick man, "I was not aware until now that you could so readily discover a man's thought by feeling his pulse."

Practical joke.—Two humorous young ladies of Circleville, Ohio, wrote a bogus order on a doctor's slate, and were glad, before they were through with the still more humorous physician, to pay him \$100 to let the matter drop.

Ridicule.—Learn to insure your principles against the influence of ridicule. You can no more exercise your reason if you live in the constant dread of laughter, than you can enjoy your life if you live in the constant terror of death.

Hydropathy in the opinion of Charles Lamb is neither new nor wonderful for it as old as the Deluge, which in his opinion killed more than it cured.

Hæmorrhoids.—Do the people living on horse chestnut street suffer with piles?

Fortunate.—A Philadelphia surgeon, who was on his way to perform an operation on a patient, had his carriage robbed and lost his surgical instruments while making a temporary stop, "whereby," adds the reporter, "the operation was prevented and the patient's life saved."

MISCELLANEA.

Transactions of the Homœopathic Medical Society of the State of New York, for the year 1869. Vol 7.—The Transactions of the (Allopathic) Medical Society of the State of New York for the year 1869, contains 363 pages; the Homœopathic Med. Society transactions, for the same year, contains 868 pages, or 505 pages more; the allopathic contains 16 illustrations, the homœopathic 52 engravings, (36 more,) and the homœopathic are very much superior. In other respects the homœopathic report is the best, and special credit is due to Henry M. Paine, M. D., the indefatigable secretary, for the care so well bestowed on the present volume.

Hahnemann Hall.—During the recent visit of Dr. F. Seeger to Sharon Springs he made a trip to Howe's Cave Schorarie County New York, and explored it for the distance of two and a half miles. One of the chambers, undesignated before, he named *Hahnemann Hall*. Let the name be perpetuated.

Remittances of bank notes by mail are at the risk of the sender. —We publish this rule again on account of the frequent loss of bank notes when sent in letters. Registered letters are *safe*: Every registered letter sent to us since the system was adopted has been received safely with its enclosure. *All postmasters* are required to register letters when requested. When the remittance amounts to five dollars the charge for registering can be deducted from the remittance. Post-office money orders should be preferred if your Postmaster issues them.

Modern French Surgery.—National depletion to cure civil inflammation; and applying to perform the operation, to prussian (non-professional) field surgeons who had much rather kill than cure.

Medical Education.—Prof. Huxley has made a remarkable speech on medical education. As an examiner of the London University, he complains that the knowledge exhibited by candidates for degrees in medicine is not precise or practical; and he partly attributes this to what he terms the "injudicious tests" applied at examinations for medical diplomas. Prof. Huxley would abolish botany and zoology in medical study, and make them subjects of general education; *materia medica* he would not teach, on the ground that it is as useless to teach a man where drugs come from, because he is a medical man, as it would be to put a man to the manufacture of steel, because, as surgeon, he would be called upon to use a knife; and comparative anatomy he would get rid of altogether.

Diseases of the Heart.—The National Hospital for Diseases of the Heart, London, has had more than 33,000 patients.

Cholera Mortality.—Upward 30,000 natives perished in the Island of Zanzibar and on the mainland from cholera in the space of six weeks.

PERSONAL, ETC.

Avery—Dr. Edward W. Avery has sailed for Europe to join the Prussian army in the capacity of Surgeon. We may expect a good report of his operations on his return home.

Avery—Dr. Henry N. Avery removes for the present from New York to Poughkeepsie, N. Y.

Fish—Dr. E. W. Fish recently associated with us at Detroit is now editor and joint proprietor of the "*Circular*," a weekly newspaper at Holly, Michigan.

James—Our Surgical Editor, Dr. Bushrod W. James. has returned from his trip to the Pacific Coast. He writes: "The trans-continental tour is filled with wonders; beautiful flowers growing wild upon the mountains; magnificent plains; ever changing scenery; a bracing atmosphere; all delight and invigorate the traveler. I trust the readers of the *Observer* will excuse the paucity of surgical matter during my absence."

Jones—Our colleague Prof. S. A. Jones has been obliged to relinquish practice on account of ill health. We trust that he will be able to fill his chair in the N. Y. Homœopathic College the coming session. The necessity of rest may prevent his writing as much for the *Observer* as usual but we know that he will resume his work as soon as his physical condition will permit. A few articles from his pen are now in type—reserved for October number.

Von Grauvogl—Chief of Staff, Dr. VonGrauvogl in Nuremberg, has been elected an honorary member of the society of Homœopathic physicians of St. Petersburg.

Walker—Dr. A. Walker, of Pontiac, Mich., one of the oldest and best practitioners of this State has gone to Little Rock, Arkansas. We cannot well spare the doctor from Michigan. We would much sooner welcome a hundred more as good representatives of the true healing art.

REMOVALS.

Schley—Dr. P. T. Schley, from Charleston, S. C., to Atlanta Ga.

NECROLOGICAL.

Peterson—Dr. James Peterson, partner of Jas. P. Whittle, M D., of Weare, N. H., died April 8, 1870.

ERRATA.

Page 404 eighth line for *facotta* read *facolta*.

Page 404, 13th and 20th lines for *Lulattus* read *Zulattus*.

Page 404, twentieth line read *Osservazioni*.

Page 404, twenty-first line read 1782 for 1772, and Turra's for Furra's, twenty-fourth line, Turra for Furra.

Page 405, fourteenth line for *Lulattus* read *Zulattus*.

Surgical Department.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

Artificial Pupil. — A new mode of operating has lately been suggested by Liebreich, and an instrument constructed for the purpose consists in a pair of forceps which is introduced into the cornea, and any given direction made use of for the operation, while the ordinary instruments cannot deviate from the radial direction. This forceps has curved extremities and the handles are constructed so as to revolve on a longitudinal axis in such a way that their rotation both opens and closes them "without in the least dilating the corneal orifice through which they entered, and certainly performing a much more satisfactory operation than by any of the old instruments.

Iodoform as an Ulcer Dressing.—For cancerous ulcerations, and various other ulcers, fissure of the anus, phagedenic chancres etc. Iodoform it is claimed is a good dressing. It is sprinkled over the ulceration and then the part covered with cerate-spread cotton, or with a piece of gold beater's skin.

A Remedy for Chloroform Syncope.—It is suggested that as Nitrate of Amyl greatly and quickly accelerates the heart's action, even when a few drops of it are inhaled, that it be used in cases of alarming syncope, and especially after chloroform anæsthesia.

Extirpation of the entire Larynx.—Has recently been successfully performed by Dr. V. Czerny of Vienna for an extensive malignant laryngeal growth.

The Stomach Pump Superseded.—The syphon principle instead of the syringe is suggested by Prof. J. T. Hodgen, of St. Louis. By taking an india rubber tube long enough to reach some elevated point just above the head and putting one end in a ves-

sel of water, so elevated, while the other end has previously been fastened to the stomach tube now introduced into the stomach, the water will flow into the stomach without the aid of a syringe or stomach pump. Then when the stomach requires emptying, clasp the tube at the end in the basin, compress it tightly, and then lay the same end in an empty basin on the floor, let go your hold, when the fluid in the stomach will flow through the rubber tube as through any other syphon, and the stomach will soon be emptied of its contents. The same process can be continued and the organ washed out a number of times before leaving the patient. For throwing fluids into the bladder, rectum, uterus, or vagina it acts equally well.

Hypodermic Surgical Diagnosis.—To overcome the danger attending the tapping of ovarian or other internal growths for diagnostic purposes, such ill results for instance as internal hemorrhage, peritonitis, or other inflammations, or the effusion into the peritoneal cavity of an acrid fluid through the puncture of the walls of the growth made by the trocar, a new use is given to the now much abused hypodermic syringe. A modification of the instrument with proper stop cocks has recently been made for using it in that way and the advantages of this form of diagnosis is well explained in an article which appears in the *Boston Medical and Journal*, Aug., 11, 1870. "1st Efficiency—This is undoubted in determining the nature of the tumor, whether solid, cancerous, canceroid, or cystic. By plunging in the needle and retracting the piston sufficient fluid will be withdrawn by the suction exerted for microscopical diagnosis, even though it be of the most adhesive form of colloid growth. If it be proved a cyst with fluid contents, the kind of cyst may be demonstrated in many instances, for by introducing the needle at different parts of the abdomen and comparing the character of the fluids withdrawn it can readily be determined whether they be drawn from a single cyst with uniform contents, or from a multilocular tumor, containing fluids of various density and composition. This tells more than clinical history, the palpation, and all other means of diagnosis combined, for it lets us look within the tumor itself.

2. It is harmless—The fine needle of the hypodermic syringe can be introduced even into an aneurism without danger, while the sac of an ovarian cyst is so small that nature ignores it.

The round it makes in the usual trocar makes a rent; this dissects its way between the tissues and their contractility closes the wound.

3. The painlessness of the operation is of less importance to the surgeon than to the patient; but to the latter to whom the preliminaries of examination are often more irksome than the grand operation itself, it is very desirable that diagnostic procedures should be painless as well as harmless.

Two New Anæsthetics—1. *Methyl-Ethylic Ether*. For short surgical operations where a quick and safe anæsthesia is wanted with a speedy recovery from the effects, Dr. R. W. Richardson of London has introduced a colorless volatile fluid which is called *Methyl-Ethylic Ether* and which by his own account is made thus:—"by digesting one part of pure methylic alcohol with two of strong sulphuric acid. The mixture is heated, and the methylic ether, which passes over as gas, is subjected to frequent washing in strong potassa solution. The ether remains as a gas even below zero; it has an ethereal odor; it is chemically an oxide of the radical methyl; its vapor density is 23 taking hydrogen as unity. The strongest objection to methylic ether is that it is a gas but happily the difficulty is to a large extent overcome, the gas being very soluble in various substances; water takes up thirty seven volumes of the gas, yielding an ethereal fluid of very pleasant taste; pure ethylic ether and alcohol take up over one hundred volumes, and chloroform and bichloride of methylene nearly as much. For practical purposes the author prefers absolute ethylic ether of sp. gr. 720, and boiling point of 920° F. as the solvent. The ether is charged with the gas at a temperature of 32° F. and the compound is at once bottled and firmly corked down. It should be kept for a time before being used, the process of keeping producing a comparatively staple compound. In using this compound which the author proposes to call methyl-ethylic ether the author at present employs the simple mouth piece invented by Mr. Rendle, and made merely of leather. He is adding to this a reserve bag, in order to conserve the ether. From one or two drachms may be put into the inhaler for quick narcotization."

He had it administered to himself. He became unconscious in one minute, remained so seventy-seconds and the effect passed off instantly without leaving any headache, nausea or other symp-

tom and he had, at time of writing his article on it, given it seventeen times with the like good effect."

2. *Æthyliden Chloride*.—Dr Liebreich of Berlin also announces a new anæsthetic agent which acts as quickly as chloroform without its producing the nausea or the dangerous effects that the latter is known to possess. He names it æthyliden chloride. It being a volatile colorless somewhat pleasant smelling fluid. It produces sudden sleep "sweet sound slumber" and a quick and involuntary waking up.

Surgery for Neuralgia.—For obstinate neuralgia of the occipito-frontalis muscle an allopathic operator sub-cutaneously divides the muscle from temple to temple and from the root of the nose back to the occiput "with a chain supported knife." If he only had a knowledge and command of some of our homœopathic remedies that so promptly relieve such pain he would with his drug or rather remedial *operations*, be a more scientific and skillful surgeon.

A novel operation for the treatment of Otitis Media purulenta has been adopted by Dr. Politzer of Vienna. It is treated through the eustachian tube with a view to the diseased mucous membrane and is according to the Boston Medical and Surgical Journal as follows: "It consists in catheterizing the patient, and after having insured the passage of air into the tympanic cavity, by means of the otoscope, to syringe tepid water several times successively through the tube into the cavity with sufficient force to bring out all the pus that may be there contained; the second step is to blow in air again in order to drive away any water which may have remained in the tympanum and, lastly, whenever the case requires it to blow in through the same cavity a few drops of some astringent solution."

Surgical Diagnosis.—Intestinal Injuries.—The first and most important point for the surgeon to consider in every case that comes under his care is to make out a correct diagnosis of it, for upon this depends not only his reputation but in most cases success of the treatment, and this is more essential in surgical than in medical disorders. We cannot have too much light thrown upon the mode of distinguishing one train of symptoms from another and consequensely we must not ignore pathology or sub-cutaneous explorations, or any reasonable mode of arriving at a definite and accurate understanding of every case. With this

view I propose to give from time to time some useful hints on Surgical Diagnosis and prognosis. In reading over the January Number of 1870 of the Half Yearly Compendium of Medical Science we met some valuable facts from which we take the following diagnostic notes summary from a lecture by F. LeGross Clark.

1. The fatality of visceral injuries, is chiefly due to the prolonged collapse dependent upon the impression made on the cyclo ganglionic nerve-centres, and terminating in death.

2. This fatal impression is due usually to the extravasation of the intestinal contents, and only exceptionally so to the actual lesion, *per se*, of the bowel ; and rupture high up in the intestinal canal is, other things being equal, more rapidly fatal than lower down.

3. Lesions of the solid viscera in the abdomen are rarely succeeded by general peritonitis ; and these lesions, unless extensive or complicated, and attended by the operation of other depressing causes, are reparable, and are not usually fatal.

4. When fatal, hemorrhage is the most usual cause of death, in injuries of the solid viscera ; but rupture of an excretory duct, as the hepatic duct or ureter, is a most serious, if not necessarily mortal complication.

5. Rupture of the bladder with extravasation of urine into the peritoneum, is not usually accompanied by collapse so profound as that which marks rupture of the intestine and the escape of its contents ; in some instances the presence of urine seems to be tolerated almost passively by the serous membrane, and as a rule it is not resented so actively as is the presence of feculent matter from the bowels.

6. The period of survival after rupture of the bladder, usually exceeds that of rupture of the stomach or small intestines, and the pelvic peritoneum, being far removed from the great ganglia and nerve-plexus of the abdomen, is thereby less susceptible to the consequences of inflammation.

8. It seems not improbable that urine may be absorbed by the peritoneum.

Lastly in relation to traumatic peritonitis this form of hyper-vascular action is most variable in its presence, intensity, general features and consequences, as well as in the signs by which it may be recognized. The fickleness of its occurrence seems to defy any general classification, but is explained by peculiarities, both intrinsic and operating from without in each

particular case. Those extraneous causes which will excite intense vascular activity in one instance, arouse scarcely any in another. A few patches of lymph, or the presence of some turbid fluid, may in one case, indicate post mortem, that such action existed ; whereas in another the abundant production of plastic matter, agglutinating together all parts in contact, and floating in its redundance, in a sero-purulent menstruum testify to the active peritonitis which, perhaps a trifling cause may have sufficed to light up.

But one remarkable feature is, that not only may general chronic peritonitis run its course unsuspected, when excited, for example, by a growing ovarian cyst, but even in the acute form the signs and symptoms during life are no means uniformly commensurate with the results which are witnessed after death. It is true that this circumstance may be, and no doubt in many cases is, accounted for by the depression of shock from the injury under which the patient is laboring ; and this is often no bar to increased local vascular action ; yet in many instances, traumatic peritonitis may be present in an active degree with scarcely any of the characteristic signs by which it is usually described as recognizable. Whether so called idiopathic form of peritonitis has in practice, that constant type, and is uniformly characterized by those active signs which are usually ascribed to it, Clark leaves to more competent judges to decide.

The symptoms or signs which denote convalescence or are premonitory of dissolution, are naturally watched for with deep interest in visceral lesions, as in other cases of doubtful issue. Many cases to which separately not much importance would be attached assume in concert, a significance which scarcely admits of doubtful interpretation. Such are, a rapid and feeble action of the heart, depressed or abnormally elevated temperature, parched tongue, hurried respiration, tympanitis, muscular spasms, aggravated or arrested pain, the color and expression of the face, even the earthy odor of the skin ; the raving delirium, or the wandering inanition ; these and many other well known signs possess, in more or less complete or varied combination a significance which cannot be ignored.

The information derived from varying temperature is not unimportant, and will no doubt assume more value, as our study of the parts connected with this subject becomes more accurate and extended. In acute sthenic diseases the temperature continues to rise usually till the time of death and it is higher in the inflammatory action following brain injury than in other cases. According to the record in St. Thomas Hospital, London, surgical wards the highest death temperature registered is 106° , in cases of traumatic abscess of the brain ; the lowest is 89° , in a case of fracture of the base."

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

NOTES ON SPECIAL THERAPEUTICS.

BY E. M. HALE, M. D.

Hydrate of Chloral in Tetanus—A case of traumatic tetanus is reported in the *Lancet*, in which this new remedy was used with prompt curative results. "Its action was prompt and decisive, the contraction of the muscles diminishing, and the pain being allayed almost instantaneously, succeeded by long and profound sleep.

In the *tetanic spasms* caused by *strychnine*, it has also proved curative in man and animals. A patron of mine had a valuable dog poisoned by strychnine. The convulsions were severe and had lasted half an hour, ten grains of chloral at once arrested the spasm, and there was no return of the contractions.

Chloroform in Biliary Calculi.—The use of chloroform and ether in mitigating the pain of hepatic colic has been known for many years. A writer in the *British Medical Journal* believes that Chloroform dissolves the calculi *in situ*, and prevents the recurrence of attacks in that manner. He reports the case of a clergyman aged 58, who had suffered twenty-three years from gall-stones; the peculiar pain, jaundice, with subsequent discharge by stool, of the calculi, coming on so suddenly, without warning, as seriously and frequently to interfere with his duties. Chloroform in doses of two or three drops, three or four times a day, removed the pain, tenderness, distension and jaundice, and in the eight years since elapsed he has never had another attack.

If future experience should verify the above curative effect, it will prove a valuable addition to our means of relief of that painful affection.

According to some homœopathic physicians *Cinchona* proves curative in biliary calculi, but I have never derived any benefit

from its administration, while I have seen excellent results follow the use of *Chelidonium* in the lower dilutions.

Application of Olive Oil in Infantile Diseases.—Dr. Knaggs, writing for the *Lancet*, tells some wonderful stories of the good effects of rubbing in salad oil in cases of *atrophy*, bronchitis, *convulsions*, *diarrhœa*, *enlarged liver*, etc. The treatment consists in “smearing with salad oil the whole surface of the body from the crown of the head to the tips of the fingers and toes the process being repeated every twelve, six or even four hours according to the urgency of the case. Of course the use of a long flannel gown or small blanket is obvious, and the oil should be slightly warmed.”

“It will scarcely be credited”—he says “by many that the formidable affections above mentioned will frequently yield to this treatment, or at any rate show signs of abatement in from twenty minutes to four and twenty hours.” The writer gives several illustrative cases, and the good effects were so evident that homœopaths are warranted in using it as an adjuvant in those cases of *atrophy* from chronic *diarrhœa* in children which even under our treatment often prove obstinate and intractable.

Pathogenetic Effect of Chloral.—This new anodyne seems to be one of the safest in use, it does not seem to cause the usual unpleasant secondary effects of other narcotics. A gentleman in writing to the *Lancet* gives an interesting account of his experiments with it. “He was troubled with obstinate sleeplessness: morphine, cannabis indica, and bromide of potash had been all used and “worn out;” hydrate of chloral was then tried, at first 20 gr. caused sound refreshing sleep, and no after effects, but soon the dose had to be increased, till it required 60 grs. to cause sleep. Finally, one night, this did not suffice and in desperation he took two, and at last *seven drachms!* On waking at 10 A. M. the next day he found to his horror that his *legs were paralyzed from the knees downward!* All the rest of the body was in a normal condition. This paralysis, however, wore off in the course of the day. Would this prove homœopathic in a similar case of paralysis?

The Homœopathic Law Recognized.—Dr. Scudder, editor of the *Eclectic Medical Journal*, (Cincinnati), in an excellent article on the “Pulse as a Means of Diagnosis,” calls attention to the difference between the hard, quick, full pulse of active inflamma-

tion, and the quick pulse of capillary obstruction with loss of tonicity of the heart, such as occurs in sthenic fevers and inflammations.

The former condition, he says, requires *Veratrum viride* or *Gelseminum* in large doses, but never *Digitalis* or *Aconite*, while the latter condition requires *all* the four remedies in *small doses*. The reason he gives is as follows: "Since 1859," he says "I have taught that *Veratrum* and *Aconite* in small doses were cardiac stimulants. This has been admitted of *Digitalis*, and within the past year has been conceded of *Aconite* by some of the most prominent writers on medicine" (allopathic.)

In other words a few thinking, leading men in both schools, are finding out that these medicines have an action which can only be accounted for according to the law *Similia*, but, true to the instincts of obstinate opposition to homœopathy, they insist upon calling this action by the name of "stimulation."

If small doses of the cardiac *sedatives* act as cardiac *stimulants* what kind of an action is it? If *Veratrum* in large doses depresses the action of the heart it causes *with* that loss of tonicity capillary obstruction. If then the same drug, given in a case of depressed cardiac action *with* capillary obstruction, brings up the heart's action and removes the capillary obstruction, how shall we account for it?

There is no other way of accounting for such curative action except by the law of cure enunciated by Hahnemann. None but the most obtuse, *willfully* obtuse, would ever think of calling it "stimulation." It is a true curative action, a *stimulation* to be sure, but not such as would be caused by ordinary stimulants, transitory and palliative. Homœopaths have always used *Veratrum album* in this manner. Hempel taught us to use *Aconite* in such primary conditions. I pointed out the true sphere of *Digitalis* in conditions of want of tonicity of the heart, and there is no doubt but *Verat. vir.* will prove as useful as *Ver. alb.* in depressed states. We must be guided, however, by the characteristic symptoms and pathological state and see that they accord with the remedy selected, if we would have a prompt cure. There are many conditions, occurring in children especially, where *Verat. viride* acts much better than *V. alb.*, namely: when there is cold, clammy skin, quick soft pulse, or almost imperceptible pulse, great prostration, vomiting, diarrhœa, (not so severe

as under V. alb.), weak excited action of the heart, no action in the capillaries, etc. In such cases the 2nd or 3rd dilution acts finely.

Podophyllin.—Dr. C. E. Sanford of Bridgeport, Conn., communicates to me a characteristic symptom of Podophyllin. A lady patient observed that her usual heavy, tenacious, mucopurulent leucorrhœa was always changed to “*a reddish discharge, a dirty fluid like the rusty sputa in pneumonia.*” If this is verified it will place Podophyllin as an analogue of Nitric acid. This pathogenetic symptom resulted from the 3d trit. as readily as half grain pills of the crude. An eclectic physician complains in Scudder’s Journal that a large dose of Podophyllin caused in one of his patients the following: “Aggravation of internal piles, the rectum would protrude more than an inch after every motion of the bowels or after any sudden motion such as sneezing, and even during any mental excitement,—the parts could not always be replaced very readily, would sometimes remain prolapsed for days, owing to the swelling and congestion.”

Apis Mel. in Ovarian Tumor.—Dr. P. H. Hale of this city has just made one of the finest cures on record. A lady had an ovarian tumor of the size of a child’s head at birth. It was so diagnosed by Prof. Byford of this city, who wished to remove it, and a time was appointed for the operation several months. Dr. Hale was applied to, and prescribed Apis, but in a peculiar manner. Ten or twelve living bees were thrown into a tea-cup of hot water. Of this infusion a tablespoonful was taken every four hours. In a week a perceptible decrease was observed, and before the time for the operation had come, the tumor had nearly disappeared. This method of administering Apis has many advantages. It is well known that few physicians have much confidence in the tincture, but prefer the trituration of the living bee. According to Dr. Marcy, the infusion of the bee was the original method of administration for dropsy. Certain it is that I have succeeded with Apis in this form when both the tincture and trituration failed.

A few pharmacological observations on Apis may be appropriate here. The infusion is not always to be had; living bees are not obtainable at all times. Some preparation must be established. I advise two methods, (1) a trituration with fine sugar of milk, of the whole living bee, or the lower third of the

abdomen cut from the living bee. Ten bees to 90 grains of sugar for the first trituration. (2) The living bee in hot water for the mother tincture. Ten bees to 9 drachms of hot distilled water. The first three dilutions to be made with distilled water-cold after the first. One-tenth alcohol may be added to the dilutions to keep them. After the third, pure alcohol may be used. I believe the active principle is very volatile, and that all the preparations should be closed hermetically. I also believe that alcohol injures the crude poison, as it destroys nearly all animal poisons.

NIL NOVE SUB SOLE.

In the British Journal of Homœopathy, April, 1869, Dr. John N. Casanova claims the priority in regard to a dogma for which most (or many) of our American contributors ascribe the credit to Teste, namely: "that each of our drugs is exclusively adapted to the endemic maladies of the countries whence it is obtained, or at most to individuals whose constitutions are identical with that which is generally possessed by the inhabitants of these countries."

While Teste must waive any claim to originality concerning the above, there still remains one observation which Dr. Casanova does not challenge as his own, to wit: "the curious circumstance that it is precisely in the districts where certain pathological affections prevail, we meet, by some admirable arrangement of the Creator, an abundance of the substances which are most capable of curing them."

As there is "nothing new under the sun" we will quote from an old author to show that both Casanova and Teste are forestalled in any assumption of priority.

"As there be diverse distinct infirmities continually vexing us, so there be several remedies, as he saith, (a) 'for each disease a medicine, for every humour'; and as some hold, *every clime, every country, and more than that, every private place hath his proper remedies growing in it, peculiar almost to the domineering and most frequent maladies of it.*' As one discourseth, 'wormwood groweth sparingly in Italy, because most part there

(a) Heurnius.

be misaffected with hot diseases, but henbane, poppy and such cold herbs; with us in Germany and Poland, great stores of it in every waste. (b) Baracellus *Horto geniali*, and Baptista Porta *Physiognomicæ lib. b. cap. 23*, give many examples of it, and bring many other proofs. For that cause belike that learned Fuchsius, of Nuremburg, 'when he came into a village, considered always what herbs grew most frequently about it, and those he distilled in a silver alembic, making use of others amongst them as occasion served.'"

This Fuchsius berates those physicians "that think they do nothing except they rake all over India, Arabia, Ethiopia, for remedies, and fetch their physic from the three quarters of the world, and from beyond the Garamantes. Many an old wife or countrywoman doth more good with a few known and common garden herbs, than our bombast physicians, with all their prodigious, sumptuous, far-fetched, rare, conjectural medicines." "Without all question," adds old Burton, "if we have not these rare exotic simples, we hold that at home which is in virtue equivalent unto them, ours will serve as well as theirs, if they be taken in proportionable quantity, fitted and qualified aright, if not much better, *and more proper to our constitutions.*" *

* * * "Opium in Turkey doth scarce offend, with us in a small quantity it stupefies; cicuta or hemlock is a strong poison in Greece, but with us it hath no such violent effects. I conclude with I. Voschius, who as he much inveighs much against these exotic medicines, so he promiseth by our European a full cure and absolute of all diseases; *a capite ad calcem, nostræ regionis harbæ nostris corporibus magis conducunt,—our own simples agree best with us.*"*

We do not charge Casanova or Teste with plagiarism; we only say *nil nove sub sole*, and beg all those who sneer at the *New Remedies* to study the indigenous as "more proper to our constitutions." In the name of Liberty, why shouldn't a Yankee be purged with Yankee Podophyllum!

S. A. J.

(b) Penottus.

* Burton's Anatomy of Melancholy. Part II. Sec. 4, Subse. N. 2.

Miscellanea and Excerpta.

AN IMPORTANT TRIAL

Is now taking place in the quiet town of Weissnichtwo, and, as the verdict will have an important bearing upon homœopathy, we desire to call attention to it.

S. Quin, Esq., charged Dr. C. Pearson, of Mt. Pleasant, Iowa, with having published remarks derogatory and injurious to the character of the said Quin.*

Mr. Quin is attended by a host of witnesses who are prepared to swear to his good name, and to prove that instead of being the graceless vagabond represented by Dr. P., he is and has been a benefactor to the human race.

An unusual feature in this trial is that all the jurors are medical men, and as Dr. Pearson, with evident pride, announced himself as a "homœopathician" it is thought that it will go hard with him; this opinion is deduced from the circumstance that, when Dr. P. very emphatically called the attention of the Court to the fact that he is a "homœopathician," his honor, Judge X. P. Riens, very tartly told the defendant to address the Court "in English."

In the indictment, leaving out most of the law-lingo, the plaintiff charges that "S. Quin, Esq., a native of Peru, is at present an adopted citizen of the Republic of Res Medica, and that he is, and since his adoption has ever been, a useful, dutiful and *law-abiding* (mark that!) subject thereof. That Dr. C. Pearson, who is in the habit of giving employment to subjects of the said Republic of Res Medica, did, in the *Medical Investigator*, publish or cause to be published, statements intended and designed to throw the said S. Quin, Esq., out of employment, by depriving him of the good character which he has hitherto enjoyed. The said S. Quin, Esq., also prays that the defendant may not be let off for

*Medical Investigator, Vol. VII, No. 7, pp. 292-5.

his plea of ignorance, as malice aforethought will be proven against him. The said S. Quin, also further prays that upon the evidence, the defendant may be convicted of assaulting philosophy and outraging the catholicity of science.

C. O. M. Monsense, Esq., a gentlemen who can seldom be induced to plead in our courts, appeared for the plaintiff. (It was observed that his Honor looked a little surprised at meeting him there.) In opening the case he said :

“Your Honor, and Gentlemen of the Jury:—My client, S. Quin, Esq., is an illustrious exile who is known to you under an assumed name. His progenitors christened him *Chininum Sulphuricum*. A pleasing family pride is to be observed in this cognomen, inasmuch as it combines the names of both his parents. On the paternal side he is of foreign extraction; his mother is a countrywoman of our own. I have here witnesses to prove that in his every action my client combines the good qualities of both his parents. I hope also to show that “even his failings lean to virtue’s side,” a good and highly commendable “lean,” always.

I also desire you to observe that the Republic of *Res Medica* is divided. Two separate and distinct parties are asserting their power therein. Now in establishing the character of *Chininum Sulphuricum*, *alias* S. Quin, Esq., I shall show to which of these contending parties my client really belongs—a very important point, gentlemen of the jury.

In the Republic of *Res Medica* one party is very desirous of getting all foreigners into citizenship, and I am very sorry to say the character of the said foreigners, bating a somewhat sharp survey of their external appearance, is but slightly investigated; indeed, I may truthfully say that the investigation is a farce, in that it is merely a trial of the said foreigner’s strength, either singly or combined. To this party, gentlemen of the jury, *my* client did not and does not belong. True, he is claimed by them, but I shall enter a most annihilating rebutter.

With the other party of the Republic of *Res Medica*, any one seeking citizenship must give satisfactory evidence as to his character, and this evidence consists of a detailed statement of all *that he has done*. Gentlemen of the jury, how would you and I endure such a test? My client is a citizen of the Republic of *Res Medica*, and the fact that he is a citizen of this Republic is proof that he has passed that *trying* test in and by the triumph of his many virtues! [Sensation in the galleries, which were ordered

to be cleared.] Will it be demanded by envious malice, if this test was fairly applied? Messrs. HARTMANN and NOACK—names which need be only mentioned to be honored—conducted *that* test. May it please the Court, I will read from HEMPEL UPON JAHR, *Sympt. Cod.* Vol. 1, p. 509, *et seq.* [And he read.]

Gentlemen of the Jury, eight large octavo pages of fine print testify to the actions of my client; he has done them once, and circumstanced properly, *he will do them again*. I do claim that by all testimony he has won his citizenship, and that he is entitled to our respect and confidence as a tried, true and reliable citizen of the *true* Republic of *Res Medica*.

Gentlemen of the Jury, what has this—this—this “homœopathician” done? He has denied the testimony of Messrs. HARTMANN AND NOACK, while at the same time he pretended to be one of their warmest friends. He has denied the capabilities of my client. He has openly asserted that my client has not performed certain actions which the said client can be proven to have done. He says that my client is an injury to the Republic of *Res Medica*. And, more than all, he has sworn that whatsoever of good my client *can do*, there be certain other citizens of this republic who can *do the same thing far better*. Gentlemen of the Jury, this last vituperation is TREASON. What says the law? “Any person who shall by word or deed attempt to degrade a naturalized citizen of the Republic of *Res Medica* to the rank of a *succedaneum* shall be guilty of treason.” I shall endeavor to convict this miserable “homœopathician,” and I shall seek to have him punished by depriving him of the use of *salt* for the remainder of his life; and, from what I know of his habits, he can’t live long without it.

Gentlemen of the Ju—.” Just then the whistle of my train blew and I was obliged to leave the town of Weissnichtwo without learning anything further, but my friend Stillschweigen has promised to write me the result.

I must say I felt sorry for Dr. P. He was evidently in a bad “fix,” for it is said that among the homœopathicians themselves it is the rankest kind of treason to even whisper the word “*succedaneum*.” I noticed that when C. O. M. Monsense quoted from *Hempel upon Jahr*, the Dr. turned grey-pale and looked quite crest-fallen during the remainder of my stay. I am really sorry

for him because he looks like a man who would do wrong more from thoughtlessness than malice.

* * * * *

"Mr. Müller, *do* stop your snoring?" "Eh, what?" — Stars and garters! it was my "rib" putting her sinister elbow into my ribs. You see I was sleeping on my back, and when I do that I always snore and dream.

I think this dream was occasioned by my having read the April *Investigator* on an empty stomach, and when I receive a *new* number I can't eat until I have read it. As a "symptom" I present it (with my open fist) to Dr. Bumstead, and beg leave to say to him, don't keep "low" company all the time; visit the "high" and mighty ones as occasion offers, and between your old friends and your new, you'll find your influence increased. I'm "low" bred in all respects. I one day sneaked into a higher circle, and upon my honor, I found that the spiritualities there would do a great deal more for a fellow than I had ever believed. I'm not *at home* there yet; don't know as I ever shall be. I hate only *one* rut for my little wheelbarrow—but I will speak a good word for them as long as my wind lasts.

CARL MÜLLER.

WHAT IS TRUTH?

Will you permit me to let off a little spleen through the columns of the *Observer*? The effort may do me some good, and as I have no personal feeling to gratify in the matter, I trust it can be productive of no harm. Beside, I hope the points to be referred to may not be wholly devoid of interest and importance: and if my strictures are fairly and honestly shown to be uncalled for, and my position untenable, no one will be better pleased than myself.

Almost every number of the *Observer* contains a reference to a class of homœopathists who are styled "purists" "pure homœopathists" and "homœopathicians," and these epithets are generally applied sarcastically, if not in derision. Elsewhere, are to be found counter allusions to another class, of homœopathists, who are mentioned as "low dilutionists," "mongrels" &c. and these, it is sought to be inculcated, have departed from the fundamental principles of homœopathy, and are little better than

allopathists or eclectics in disguise. The public oral and printed teachings of one of these classes appear to be ignored or repudiated by the other; and thus we find the spectacle of two hostile camps of professed followers of Hahnemann pitted against each other, and equally ready to annihilate their fellows, as to advance against the common foe.

I very much fear that this state of things, if perpetuated, will seriously militate against the general advancement of homœopathy. How, for instance, is our *Materia Medica* to be perfected in the face of the differences at present prevailing in regard to important principles? One class of provers confine themselves to symptoms alleged to be procured only from high potencies. The other cries "fudge," and tests the effect of drugs, only from crude materials, or "massive doses." One class profess to realize astonishing cures from potencies diluted many hundreds of times. Their opponents laugh at such "credulity" and go in for drop doses of saturated tinctures. One class claim to adhere solely to well proven remedies; and charge a portion of their brethren with deluging our journals with hastily written summaries of half proven drugs, eked out with copious observations from allopathic and eclectic sources. One clings to the psoric and the medicinal aggravation theories, with a tenacious grip; the other characterizes the former as "a millstone and stumbling block," and the latter as "a bugbear."

The parallel might be still further extended; but I pause here, and ask how the honest student of homœopathy is to discriminate between them; and what kind of a fabric is that likely to be, which is attempted to be built up by such discordant workers? My own predilections lead me to the ranks of the "low dilutionists," but is it not undeniable that these have departed essentially from the teachings of Hahnemann; and that, like our brethren of the older school, the rules of yesterday have given place to a different code of to-day and will probably be merged in a new variety tomorrow!

True, the great law of *similia* yet remains, but its practical utility will be greatly curtailed unless we can discover additional laws for applying it. And this leads me to another divergence of teaching and opinion on the part of two leaders of one of the great parties referred to. Doctors Hempel and Hale (for whose writings and labors I entertain a high respect,) have, in their chief works, given us each a "law of dose," but unfortu-

nately one of these alleged laws is directly the reverse of the other. One of these gentlemen informs us that during the prevalence of the primary symptoms of a disease a larger dose (relatively) is preferable, and that during the reaction or secondary symptoms, smaller doses ought to be used. The other authority exactly reverses this position. (See Hempel's *Mat. Med.* pp. 62, 72 and 930, and Hale's *Monograph on Gelseminum*, preface and other writings.)

From the context, I understand both gentlemen to mean by "a larger dose," a lower dilution and often the mother tincture, and by "a smaller dose" a dilution or potency more or less high. I think this inference is fairly drawn and will not be disputed. Dr. Hempel has attempted an explanation of this contradiction in the *Observer*, (vol 1, No. 2, Feb. 1864), by re-stating that he means a dose *relatively* large or small, as applied to the circumstances of the case; but this distinction was already plainly understood, and Dr. Hale, no doubt, uses the terms "large" or "small" with precisely the same limitation. Hence the contradiction remains as palpable as before.

Again, it is frequently alleged by homœopathic writers that the selection of a high or low potency of the proper drug, often leads to success or failure in the treatment of a particular case of disease. So that if this be true, we need not only the law of *Similia* for the selection of the remedy, but a second law to determine in what potency it is to be used. Without this, this important point is left to mere chance or caprice.

I have great respect for the earnest workers in the field of homœopathy, and I have no right to admonish, and no wish to dictate, but I respectfully suggest whether it would not be better to perfect our *Materia Medica*, so far as possible, as we now have it, and apply strenuous efforts to discover whatever additional laws may be necessary in applying it, rather than to go on extending its boundaries, or doing this only as complete facts warrant the extension?

It is sometimes amusing to note the fine-drawn distinctions which are adopted by one or other of the parties mentioned, in their zeal to damage their opponents. For example: The learned reviewer of Bæhr's new work on *Therapeutics*, in the February number of the current year, having stated that the author claims several extraneous resources for the homœopathic physician, then quotes from Bæhr the sentence: "No homœopathic physician,

however, should avail himself of any remedial agent, the use of which cannot be justified upon the principles of homœopathy." The reviewer then adds: "How much more sensible and scientific is this well drawn limitation than that of the so called purists, who say that the true homœopathician must confine himself to the law of similars, the single remedy and the minimum dose, a rule as contracted and unyielding as the brains of the originators."

Now the charge against the "purists" here is that they *confine* themselves to the law of similars, the single remedy, and the minimum dose" and do not also make use of surgery, balneotherapeutics, hydropathic treatment, and the movement cure. But the "well drawn limitation" seems to be rather in their favor that otherwise, since extraneous aids are only to be used when "justified upon the principles of homœopathy" that is, when in accordance with the law, the remedy and the dose. For surely the reviewer cannot go so far as to assert that the law of similars, the single remedy and the minimum dose are not among the essential principles of homœopathy! If they are not, what are those principles?

The able and pungent contributor to the *Observer*, "Carl Muller," in the March number, cannot say much "for many of the cases reported "to have been cured with high potencies—" they "suggest only a contempt for the credulity which accepts them." I do not dispute his assertion, though that is precisely the argument used by allopathists against all homœopathic cures—Carl Muller's included—and it ought to have as much weight against him as for him. But what has he to say of the reported rectification of the mal-position of a foetus *in utero*, by a single teaspoonful of half a tumbler full of water in which six globules of Pulsatilla 200th were dissolved—as reported in the same number? (p 126.) I do not doubt that the alleged change of position took place, but surely if this is to be quoted as a "*propter hoc*" (and it is so quoted on the authority of the *Observer*) we ought to be permitted to indulge our credulity in regard to the *Turantula*, the *Cimex lectularius*, Sacchar alb. 30 and all the rest.

Is it quite fair to the readers of the *Observer* to sap their "credulity" so effectually on one page, and on another furnish so striking a proof of the efficacy of high potencies; while at the same time using no better arguments against these same

high potencies than our opponents bring to bear against all cures under homœopathic treatment? Is there not inconsistency here? And again I ask, which of the antagonistic views can the student be expected to adopt? Will he not turn back instinctively to the old question "What is Truth?" and be not a little puzzled to know where he is to find it? To be strong, to be useful, to be progressive and permanent, we must be united. "*Truth is one and indivisible.*" "WHAT IS TRUTH?"

Ontario, Canada.

M. D.

[We do not regard the above contribution from a Canadian M. D. as an ebullition of spleen at all. He sees evidences of discord, and desires harmony; and we must certainly sympathize with him.

The difficulties which the doctor has noticed in the teachings of Professors Hempel and Hale as to the "law of dose," they will explain. As to the apparent inconsistency of this journal, we simply remark, that we believe it useful to allow a large measure of liberty to our correspondents. By the insertion of reports from both high and low dilutionists we reflect the profession as it is. We are not bound to any theory of dose, or to any man's opinion about high or low potencies. Let each one use, according to the homœopathic law, the dose which he believes will be most conducive to the restoration of his patient; let us have reports of treatment by single remedies in all the various strengths. In this way the truth will be elicited, harmony obtained, and the cause advanced; but if men will judge by unnatural standards, and uncharitably condemn those who differ from them on the mere question of dose, they will continue to be regarded as promoters of division.

E. A. L.]

THE SILVERSMITH'S COLIC.*

Because we like to look at our own beliefs from an opponent's point of view we have carefully read every anti-homœopathic *brochure* that ever came within our knowledge. We have quite a collection of such *opera*, have devoted a separate shelf for their reception, on which they rest beneath the inscription: "It is hard to kick against the pricks." My dearest schoolmate, the

* Four Lectures on Homœopathy delivered in Ann Arbor Michigan. By A. B. Palmer, A. M., M. D., Professor of Pathology, etc. Ann Arbor, Mich. Gilmore & Fiske, 1869.

A letter to Professor A. B. Palmer, A. M., M. D., of the University of Michigan. Being a reply to his four lectures on Homœopathy. By Charles J. Hempel, M. D. Published at the office of the *American Observer*. Detroit, Michigan, 1869.

friend of many years, says this is sacriligious, perhaps it is, but *it* is true, and *he* is a "regular" M. D.

Of course we have carefully read Prof. Palmer's one-hundred paged pamphlet, and we find that this frightened Demetrius of the University of Michigan has raised the old cry "*Great is Diana*," while a very disinterested audience of embryo clyster-squirters shouted "You bet!" That the Professor was pleased with their enthusiasm is evidenced by his closing paragraph: "Thanking you all gentlemen, for the perfect order which has prevailed during the delivery of *these* lectures, and the *close attention to all that has been said*" etc. We are fain to ask what is the usual behavior of these "gentlemen," these men who are supposed to be students of the solemnest science that can engage the mind? But be these "gentlemen" what they may, it is at least significant that a discussion of homœopathy should exercise *even them* into preserving "perfect order," and hold them spell bound "to all that has been said." Verily, we homœopaths are thankful for very small favors, even for the "close attention" of such "gentlemen." Thankful because Prof. Palmer has raised a spirit which he cannot lay, for there be men among that audience who will not rest content with the little dealt out to them by Prof. P. they will look for themselves; they may not then become of *us* but they will see the dirty little *suppressio veri* to which their little Demetrius stooped. But let us leave these gentlemen to that study of homœopathy which its increasing growth and influence will necessitate.

We of the minority should take joy in the plainly-evident fact that old school attacks upon homœopathy, grow more and more puerile in a direct ratio with their number. In this respect we cheerfully acknowledge that Prof. P. bears the bell. The charming *naivete* with which he seeks to palm off his series of *disjecta membra*, snatched from "played out" anti-homœopathic tractates, as a candid examination of homœopathy, will not be perceived by the student-minds "in verdure clad," of Michigan University: but how refreshing is it to us heretics who know far better than does Prof. P. each foot of ground gone over when the giants of European allopathy, and not the pigmy practitioner of a Yankee two-courses-and-graduated fought homœopathy.

This last innocuous defender of the faith has been singularly unfortunate in his appropriations from the abler writers of his own school, and the very poverty of his pickings evinces that

he does not understand his subject well enough to be even a third-rate *chiffonier*. He has evidently "crammed" on his topic, but the old school "side lights" have made him that he either could not, or would not see. If, then, we credit Prof. P. with an honest intent in making his investigation we must have all compassion for his intellect. If on the other hand, we may question his integrity of purpose, we must have infinite pity for his probity.

But these "Four Lectures" bear invaluable testimony to us, for they are neither more nor less than an endeavor to forestall that individual examination of homœopathy which his student-audience might one day undertake, each for himself; and in performing his pious labor Prof. P. evidently forgot that rather obsolete canon: "Thou shall not bear false witness against thy neighbor." To be sure, he did not write these lectures for us, but we see these several goose-incubations when they have chipped the egg and come hissing into the world; and is *our* faith shaken to find that our enemies can bear only "false witness" against us? We can endure the hiss because it is the nature of the goose, and in that it is softened into mellifluous sweetness by the very lie which is all it can oppose to our truth. May such eggs never addle; may the brood increase; may they ever defile their own nest and go home to roost.

To expose the fallacies and falsehoods of the lectures for Prof. P.'s benefit were a labor both useless and futile: useless because he is aware of his *ex parte* and imperfect examination; futile because in his devotion to allopathy he is like the Scotchman who refused to be cured of the itch because it made him "unco' thoughtfu' o' his wife and bairns in bonny Inverary." Yet we are conscious of entertaining such a sympathy for our frightened Professor as Burns expressed for the devil in his famous address to that "individual."

"Oh! wad ye tak a tak a thocht an' men,
Ye aiblins nicht, I dinna ken,
Still hae a steake!"

Glowing, then, with a charity which would open its arms to even the poor devil we will show the truth-seeking professor just one of his *unintentional mistakes*.

In his endeavor to give his audience a just estimate of the character and abilities of Hahnemann he tickled their itching ears with such a tale as this: "In 1803 when he was

forty-eight years old, we find him again in Dessau, which makes his twenty-fourth place of residence in twenty-eight years. In 1806, *with probably less practical experience, especially in acute diseases, than almost any other physician fifty-one years old, he published his pamphlet on the Medicine of Experience.*"

Now, can we blame the Professor's "gentlemen" if they at once conceived a holy horror of this same good-for-nothing Hahnemann? But let us set the honest Professor right, and of course he will at once disabuse the minds of these impulsive "gentlemen." Well, in Hufeland's *Journal der pract. Arznei Kunde*, vol. V., Pt. 2, p. 52 1801, he will find a review of Brown's *Elements of Medicine* by Samuel Hahnemann, to which the "good Hufeland" himself appended the following opinion of *our* Hahnemann:

"These observations are from the pen of one of the *most distinguished of German physicians*, who, however, as he himself expresses it, 'as long as literary chouranery makes the highways unsafe' will not permit his name to appear, which, in my opinion, is a good plan, in cases where reasons and not the authority of names are to decide. I must, however, observe that the author has read nothing either for or against the Brunonian system, and therefore we may be all the more certain that we have the unprejudiced opinion on this subject of a *practical physician of matured experience and reflection.*"

Suppose we put John C. Peters, M. D., ex-editor of the *Norih American Journal of Homœopathy*, now the "reconstructed" associate editor of the *N. Y. Medical Gazette*, and Prof. A. B. Palmer, A. M., M. D., *et id omne genus* in one scale, and the "good Hufeland" in the other, which will first kick the beam—we can't put a ? there for it is not a question.

This Professor now has an opportunity of feeling meaner than any *human* being has felt since the death of Judas Iscariot; but he won't do it, for the live jackass has kicked the dead lion since Æsop's day.

Thus could we go through these "Four Lectures" showing the ignorance or the malice of this Professor; but we find him sorrowfully like Pat O'Toole's skunk—"Shure" said Pat "an' I had the bist uv' 'im in pint uv stringth; but the power uv' his smell druv' me aff!"

Having a personal acquaintance with Dr. Hempel—yea, having eaten salt with him, attic, too, but in the dining-room—we must credit our friend with a stronger stomach than we ever imagined him to possess. But, we cannot believe that Dr. H. has done wisely in writing his *Letter*. Occupying the position which he does among our profession in Michigan he may have felt it a duty incumbent upon him. Still, we must ask, was it necessary to reply to these “Four Lectures?” It seems to us that one of the occasions when silence is eloquence has been thrown away.

Prof. Palmer's lectures only show the homœopathic physician to what straits the old school are now reduced; they only prove that the silversmiths of the University of Michigan tremble before the new truth. To all homœopaths, then, Prof. Palmer is only an allopathic Baalam, hired to curse, but forced to bless; and we should thank him for the unintentional comfort he gives us.

The letter was needless in so far as the allopathic profession is concerned. Why should we homœopaths notice Prof. Palmer's puny attacks when able men of his own school are advocating homœopathy. Dr. Reith's papers in the *Edinburgh Medical Journal* (February, April and September 1868) are making such havoc in the “regular” ranks as no dyed-in-the-wool homœopath writing from our ranks can ever hope to make; and the Aberdeen pamphlet of Drs. Reith and Brown is giving Old Physic such fits of “lockjaw” as would excite pity were it not the retribution of *sleepless justice*. The day was when homœopathy was obliged to sleep in the armor ready to repel every attack. To-day the children of allopathy, nursed on her breast, fondled in her arms, rise up, fling her hoary lies in her face and fight our battle for us. Why should *we* not rest?

Is the letter needed by the good people of Michigan? Does homœopathy need defending among those who offer her a place in their University? Can a State which has evinced such a catholic spirit so stultify herself as to ask a defence for what she has once approved? Our good friend the doctor might have spared his pen, for misjudging the generous truth-loving people whose efforts will yet enable him to tell Prof. Palmer's “gentlemen” what homœopathy is, and what it is not.

Depend upon it the people care little for our doctor-quarrels. When they are sick they want to get well, and that “‘pathy”

which best secures this end will be their "pathy." The *theory* may wheedle them when well; but they perversely snub the theory and demand the *remedy* when ill. We must after all "fight it out on this line," and this is the competition which every homœopath covets. We will give Prof. Palmer and his colleagues every theory; we ask only the patients—they shall decide; the pangs are theirs, and doubtless they can recognize the hand which brings the healing. To the patients we appealed in the past, and now appeal. From them we have obtained, and are now obtaining "the right of suffrage," and now the future of the minority is pregnant with promise, and the day is dawning when pain will breathe its every prayer to the "Medicine of Experience."

To this end it were well to show the people of Michigan, and especially her University medical students, that the hand-writing is on the wall. Therefore let an American edition of the Aberdeen pamphlet be published; inscribed in the name of the Homœopaths of Michigan, to Prof. A. B. Palmer, A. M., M. D., and freely distributed. And as a colophon to the pamphlet print Hahnemann's challenge."

"This doctrine rests exclusively upon experience. Imitate its indications, and you will find that they are true. I ask of you what no author of any *Materia Medica* or system of Therapeutics has ever asked before. I ask of you *most urgently*, to judge homœopathy by its results.

Take a case of course one for which a homœopathic remedy has already been discovered, note down all its perceptible symptoms in the manner in which it has been taught in the *Organon*, and with a correctness with which the author of homœopathy shall be perfectly satisfied, apply that drug which shall be perfectly homœopathic to all the symptoms, the dose having the size prescribed in the *Organon*, and avoiding all those heterogeneous influences which might disturb the action of the drug, and if under these circumstances, the drug does not afford speedy and efficient help, then publish the failures to the world in a manner which shall make it impossible to gainsay the homœopathicity of the drug and the correctness of your proceedings, and the author of homœopathy will stand confounded and convicted."

By the signs of the times the day is not distant when these alarmed silversmiths will be obliged to compete with us in the hospital as they now do at the private bed-side. We shall each

be judged by our results, not our theories. This they "feel in their bones"—the *pains before a storm*—and their experience with us in private practice has taught them to divine their impending and inevitable fate. We of the minority can well afford to possess our souls in patience, and serenely await the END. That end has been depicted by one of Prof. Palmer's own school. Prof. Hoppe, of Basle, who says that then "nothing will remain but the word 'therapeutics'—nothing but one single therapeutics for all physicians, and then will homœopathy have risen up in, or obtained *undisputed sway over the whole of therapeutics*."*

Then will Demetrius be forced to make his "silver shrines" for even him who said *Similia Similibus Curantur*. This Demetrius well knows;—HENCE THE COLIC.

S. A. J.

[Above article was received several months since, and deferred by inadvertance.

E. A. L.]

HAVE WE CHARLATANS AMONG US?

CHARLATAN—"One who prates much in his own favor, and makes unwarrantable pretensions to skill." (Webster.)

"Resolved, that in accordance with the usage and dignity of scientific bodies, who very properly discountenance all extraordinary efforts on the part of the members of such bodies, to enhance individual interests, we, as an associated scientific body, will discountenance all like extraordinary efforts on the part of the members of this institute, and whenever such cases come to our knowledge, well authenticated, we will sever such members from our connection as no longer worthy of our sympathy and fellowship." *Resolution adopted June 5, 1856, by the American Institute of Homœopathy.*) * * * We find that the code of ethics adopted by the American Institute of Homœopathy while it contains not a single article enjoining or forbidding anything touching the practice of medicine, which it leaves to the judgment of the physician * * * * specifies certain acts as unworthy of the physician. Thus it condemns the *advertisement of special processes, the public parade of unusual operations*, the public promising of cures in special cases, or without limitation. This is because the spirit which prompts such advertising and promises, is one of self-seeking, leading to a concealment from others and from one's self, of the advancement of science, and the act is one of positive dishonesty. —*Address of Carroll Dunham, M. D., before the American Institute, June 7, 1870.*)

*Allg. Hom. Zeitung, Bd. 64, 1862.

In these days, it behooves not only the American Institute of Homœopathy, but the whole profession, inside the homœopathic school of medicine, to make truthful answer to the question propounded at the head of this paper.


Homœopathy is advancing with such giant strides, and is so firmly fixed in the public favor that it is not strange that men from all ranks in life, and of all sorts of pretensions should enroll themselves under its banner.

In the early days of homœopathy instances were very rare in which the code of ethics of the institute were violated. We all remember the feeling akin to horror when the originator of "specific homœopathy" scattered his doubly and trebly medicated globules broadcast over this country. We looked upon that action as an unholy sacrilege, and the author was ignominiously expelled from our ranks.

Since that time, however, many physicians of our school have sinned in a worse manner than he, and have not been punished.

In fact, his crime, if indeed it was a crime in any sense of the word, paled before the shameless advertising of personal prominence, of personal skill, of "unusual operations," and of superior scientific or practical attainments.

We well remember when a few years ago a New York physician wrote and published two books, one an essay on health, the other a domestic practice, he was severely criticised because in the latter he recommended the perusal of the former, yet this was a very mild crime compared with that of a physician in another State—who wrote a small domestic manual entitled, "*Home and Self Treatment*," and then advertises his book in the papers of the country after the manner of the quacks, who advertise pamphlets on "health," "self abuse," etc. This same physician publishes "testimonials," beginning with:

 "Read what the people say of the book and cases of medicine got up by Dr. ———."

Here follow "testimonials" from Mr. A., Mrs. B., Miss C. and others, equally well known to fame—all recommending this paltry little volume as convenient, reliable, "every family ought to have them, and save sickness and large doctor bills," etc.

And to cap the climax this man has the effrontery to write in

his defence that these testimonials from the people are only a few of the many he has received, and "*all unsolicited.*"

It is bad enough in all conscience for publishers to smear over with fulsome praise, every book that appears, but for a physician, and a member of a State society, and of the American Institute, to stoop to such practices, is simply degrading to the profession and the societies to which he belongs.

There is another class as reprehensible. Men who have no more pride than to parade their names in the public press, and attach thereto all the titles acquired by fair and foul means, and then add to this, references to a score or more of men known and unknown, in the vain idea that such references establish their position as reputable and scientific physicians.

As if, forsooth, any number of laymen, be their position what it may, could bear any testimony worth minding, for it is well known that the testimony of laymen relating to the qualifications of a physician is utterly worthless. The most of them subscribe as readily to the "skill" of an arrant quack, a clairvoyant, a spiritualist, or a "root doctor" as they do to the acquirements of men of real skill and scientific attainments.

The American Institute deprecates the "*public parade of unusual operations*" and declares that it will sever all connection with those guilty of such a practice. Yet it is a well known fact of public notoriety than a surgeon in our school, and a member of the Institute has on more than one occasion, caused the public to be notified through the daily papers that a great and important operation would be performed at such a place, and of such a character, and at a specified time. At the place and time "reporters" were brought in, the operation performed, and a lengthy and exaggerated account of it blazoned forth the next day through the public prints. When Medical Journals publish "unusual operations," it is supposed to be for the purpose of benefiting the profession, but in cases like the above no such plea could be set up. The sole and only purpose is to "enhance individual interests." Is not such an act at variance with the letter and spirit of the code of ethics of the American Institute?

With all the above facts and instances well known to the profession, and to the members of the Institute at its last meeting in Chicago, it is very significant that no allusion to, or action on the subject was taken!!

Are we to understand that henceforth full license is tacitly given

to any and all members to publish to the world *a la* Dr. Newton, and a host of charlatans, their individual claims to superiority in Medicine, Obstetrics, Surgery, or any specialty they may choose to follow? If so why was not a resolution adopted to that effect? We pause for reply.

AN OLD MEMBER OF THE INSTITUTE.

What is Quackery? The Monthly Homœopathic Review Sept. 1, 1870. says: The following remarks by Dr. Rumsey, of Cheltenham, occur in the course of a very interesting address on *State Medicine*, delivered before the State Medicine Section of the British Medical Association during the recent meetings of that body at Newcastle.

It would be the veriest affectation to doubt that, in the opinion of Dr. Rumsey homœopathy, is included in the list of "medical novelties and heresies." It is refreshing, therefore, to read of such views as those he puts forth here having been addressed to the members of an Association which has made itself conspicuous, in its attacks upon homœopathy, by the coarseness of its language and the wholesale character of its anathemas.

"We are often tempted, perhaps unfairly," said Dr. Rumsey, "to apply the term 'quackery' to the practice of medical novelties or heresies. Now, I would suggest that the utmost freedom of judgment and action in the selection of means for the prevention or relief of sickness may be allowed by the authorities and may be enjoyed by members of the profession without incurring an unmerited or degrading nickname. There are quacks as regards their conduct who may be most orthodox as regards their theories of medicine. On the other hand, there are learned medical veterans, to my knowledge, who, in the exercise of their calling, are honorable and upright.

"The real quackery which is to be found even amongst the ranks of the 'regulars,' and which consists in loud pretension, unwarrantable assumption, pomp of equipage, and extortion may be checked, if not repressed, by two methods. The one is in our own power, but it requires the cordial assent of the authorities and members of the profession to some definite code of ethics; the other depends on the view taken by the government and legislature of our relations with the State."

Medical Education of Women.—Russia.—The Russian Government has decided to admit women into the Medical University of St. Petersburg, after passing an examination. They will be taught separately from the male students, and the whole course of study is limited to a period of four years. A diploma as midwife, which confers the right to practice, is to be given to those who go through all the prescribed examinations.

England.—Miss Emily Faithfull of London, distinguished by her practical advocacy of methods of extending the opportunities of Englishwomen, has originated a "Discussion Society." At the meeting last month, Lord Houghton presiding, an adjourned debate on medicine as a profession for women, was concluded. Dr. Elizabeth Blackwell took the ground that as between the position of the midwife and that of the physician, women should strive to attain the latter. Specialties could only be practiced advantageously by those who knew something more than specialties. Miss Garrett adopting the same view, recommended women-students either to go to Paris and obtain thorough education, or purchase some languishing medical school in London, and have it completely reorganized. Miss Faithfull denounced the recent proceedings of the Edinburgh University, and ridiculed the strictures of *The Saturday Review* concerning the capacity of women for practice in medicine and surgery. The Chairman also expressed indignation at the speech of Prof. Laycock of Edinburgh, who had said that women as physicians in attendance upon sick women would prove a "curse to civilization." We opine that the tenure by which Prof. Laycock wears his laurels, not to say his hair, would have been safer if he had said "blessing" instead of curse.

Scotland.—We are informed says "*Medical Press and Circular*" that lecturers at Surgeon's Hall, Edinburgh, have adopted the following resolutions:—That it is expedient that lecturers in this medical school should be free to lecture to female as well as to male students. 2. That no restrictions be imposed upon lecturers as to the manner in which instruction is to be imparted to women.

France.—Miss Lucy Forest, an American girl, has been graduated in medicine at the College de France, which gives her the right to practice as a physician in any part of the French dominions.

At the Lyons University, a Mlle. Caroline Sibert, of Vienne-on-the-Rhône, took a Bachelor of Arts degree. Out of a list of twenty-two candidates this young lady came out first in French and Latin composition, and second in Latin translation.

Three female doctors—one French, one Russian, and the other American—have just passed successful examinations before the faculty of medicine. The American lady was the most brilliant of all, and astonished her judges by her profound knowledge of anatomy, dissection, pathology and hospital practice.

The Princess Salm-Salm, who distinguished herself in Mexico as the devoted friend of the unfortunate Maximilian, is again in the field as directress of the camp hospitals. Since her return to Germany she has studied surgery and received a diploma, and her practical knowledge of their unequalled hospital and sanitary service can but make her very useful.

Austria.—It is said that the University of Vienna has deci-

ded to admit women to all the advantages of its medical school and that two French students have already availed themselves of the privilege.

America.—Medical Colleges for the education of women are in successful operation in New York, Philadelphia, Cleveland, Chicago, and other cities.

India.—A correspondent informs British Monthly Hom. Review, on the authority of the *Delhi Gazette*, May 3rd, that the Maharajah of Jeypore has sent for Dr. Salzer, a well-known homœopathic physician of Calcutta, to treat him for cataract. This speaks well, alike for the public appreciation of homœopathy in India and also for the reputation of Dr. Salzer.

Our correspondent adds: "I don't know whether there are any homœopathic *lady* practitioners, if there are I should strongly advise them to try India; for the native nobility and gentry appreciate European medical skill, but at the same time would rather let all their female relatives perish than allow them to be seen by a man."

Hahnemann Medical College, Chicago.—The new edifice for Hahnemann Medical College, is on Cottage Grove avenue, between Twenty-eighth and Twenty-ninth streets. It is described, by the Chicago press, as three stories in height, with basement and sub-basement, and has a frontage of forty-two feet on Cottage Grove avenue, with a depth of sixty-three feet. The entrance is from the avenue, with a drive on one side to the professors' rooms, a walk on the other side for the students, and a front entrance for visitors. The basement is occupied by a professors' reception room, chemical laboratory, room for the professor of chemistry, and by the base of the grand lecture room, which opens into the apparatus and demonstrating room. It will also contain the janitor's room, and a room for the reception of subjects. The first floor is entered by a hall which extends through the center, on one side of which are the dispensing and consulting rooms, and on the other side are two rooms for professors. The remainder of the floor is taken up by the lecture room which contains seats for 233 students, and in the rear of this is the hall and reception room for the male and female students. The second story contains the museum and library, the base of the clinical amphitheatre, the rooms of the professor of surgery and anatomy, and a private dissecting room. The clinical amphitheatre, capable of seating 277 students is on the third floor, as are also dissecting rooms for ladies and gentlemen, and the room for the reception and preservation of subjects. The building is to be finished and furnished in first class style, with hot and cold water, heating apparatus, etc., and will cost about \$18,000.

The Winter course commences October 12th, and we are glad to hear that there is a prospect of a large class. Read announcement.

Human Vaccination versus Animal Vaccination.—To show how low the theory of animal vaccination has fallen, the following declaration by French medical officers is appended: "We, the undersigned medical officers of the Bureau de Bienfaisance of the Seventh Arrondissement, after examining, watching and comparing the results of the vaccination services established at the Marie of the Seventh Arrondissement, with vaccine lymph taken from the heifer, are of the opinion that the results are most unsatisfactory, even in the case of infants, and that this system ought to be discontinued; and request that Jennerian lymph be placed at their disposal."

Stone in the Female Bladder Removed by Dilatation.—Mr. T. Pridgin Teale, of Leeds, (*British Med. Jour.*), after dilatation with the finger, extracted with lithotomy forceps a stone from the female bladder weighing nine drachms one scruple; the circumference longitudinally was five inches; the circumference transversely was three and three-fourths inches. A rapid recovery followed without incontinence of urine.

Sunstroke.—A writer in the *N. Y. Medical Journal* asserts that the earliest reference in literature to sunstroke is the death of Manasseh in the barley-harvest: "The heat came upon his head, and he fell upon his bed, and died in the city of Bethulia." The earliest account of any value in English medical literature is that of Mr. Russell, of the 73d line, while in charge of the 68th at Madras, in 1834.

If the author will consult the 4th chapter of 2d Kings of the Old Testament Scriptures, at the 18th and 19th verses, the following words relative to the son of the Shunammite woman, aged about 14 years, which are supposed by prominent divines to indicate *the first recorded case of sunstroke*, are apropos: "And when the child was grown, it fell on a day, that he went out to his father to the reapers. And he said unto his father, my head, my head. And he said to a lad, carry him to his mother."—*Medical Record*.

Army Surgeons as Privileged Non-Combatants.—It was a German convention (not, according to an erroneous cable dispatch to the Associated Press, a "Geneva" convention) which instituted a corps of volunteer surgeons, wearing white badges and humanely entitled to the privileges of non-combatants. At the battle of Sadowa, as well as the other day at the battle of Ferscheville, a corps of volunteer surgeons distinguished by white cockades, rendered praiseworthy service. The slightest mitigation of the horrors of war merits notice. The convention agreed upon between Prussia, Bavaria, Saxony and the minor German States during the war of 1866 seems not to have been forgotten by Prussia in the present war with France, so far as army surgeons are concerned.

MEDICAL ETHICS--ADVERTISING.

To the Editor of the American Observer—SIR—At p. 342 of your July number, in a reply to Dr. Duncan, on the subject of "Medical Ethics," you quote, among other specimens of "announcements," my name, address, medical titles, &c.; and the contents of your letter would lead any one to suppose that the quotation was a newspaper advertisement.

It is considered contrary to professional etiquette, in this country, to advertise one's name and address in the newspapers; and were I to do so, I should incur the penalty of expulsion from the British Homœopathic Society, among whose rules is one to the following effect: "If any member shall publish in any advertisement or circular letter his mode of practice or place of abode, * * * he shall be liable to expulsion."

Please set me right with your readers by stating in your next issue that the quotation you have given is from the *British Homœopathic Directory*, a work designed for the profession, and little known to, or seen by the public.

I am, &c.,

R. E. DUDGEON.

53 Montagu Square W., 6th September, 1870.

Why should not a physician advertise his "mode of practice or place of abode?"

In this country there is a particular propriety in the announcement of the mode of practice. We know of physicians who declare that they are acquainted with both allopathy and homœopathy and will tell patients that they are ready to treat them by whichever mode they prefer; others who make the loudest pretensions who are mongrels indeed. In the present condition of medical practice in America it is well for every physician to show his colors, and let the people know to which banner he holds allegiance.

The British Homœopathic Directory contains lists of both registered and unregistered physicians, and the distinctions that are made, and the account of qualifications required by the Medical Act, appear to be for the protection of the people; and we believed that the book was used as a guide by the public in the selection of physicians in different parts of the country.

We understood that the edition of the British Homœopathic Directory was five times larger than the number of physicians in Great Britain, and that its price was put lower than other publications (2s 6d for a bound vol. of 368 pages) that it might have a circulation outside of the profession; but Dr. Dudgeon is better acquainted with all the facts than we are, and we do not wish it to be understood that we contradict him in any particular whatever.

The rule of the British Homœopathic Society is *peculiar*, has never been proposed in the United States and probably never will be.

It will seem to many that an English physician might print his card and mode of practice in a daily paper, with as much propriety as his mode of practice, name, address, qualifications, and reports of cases treated, in a book offered to the public for sale. (See Pattison on Tumors and other works.) E. A. L.

REPLY TO ECLAMPSIA INQUIRIES.

The seat of ulceration, as told her by the physician attending her for the same, "was of the mouth of the womb and spots like canker in the passage to it;" I quote it as he informed her.

I think I understand the difference between the *sensitiveness* of a primipara and the *extreme* sensibility of the parts in this case.

In the seventh line (also eighth) read for the word *after*, *causing*, and you will get the sense of the Mss. This labor was brought on by the ulceration I have no doubt. Please note the difference in the meaning of the words *pain* and *pains* as here used. There had been no *pain* previous to the escape of the liquor amnii. as is usual, except in the same degree as had been present during weeks previous. To one present there would be no doubt of this being a positive case of Eclampsia. She had recovered from the anæsthetic, i. e. its immediate effects, when seized with the convulsions.

I have seen Eclampsia before, and it is not to be mistaken by one acquainted with its dreaded manifestations. I have never seen anything resembling it which would be attributable to anæsthesia. Bell. was *markedly indicated*, no other remedy as much so, and its action was prompt and evident.

E. D. L. PARKER.

Derby Line, Vt.

American Institute of Homœopathy.—*Bureau of Surgery, of 1870-71.*—The reports of this Bureau have, for the last three years, been extensive and valuable, and it is very desirable that they should be equally so the present year. For this purpose the labors of the Bureau have been divided among the several members, each one taking a subject, as indicated below, upon which he, with the aid of the different members of the Institute is expected to make a full report. Our readers who have had any experience, or made any observations in relation to either of these

subjects, will have the kindness to send such information to the appropriate member of the Bureau previous to May 1st, 1870, and it will be duly incorporated in the next report, proper credit being given.

Information in regard to any other subject pertaining to Surgery, may be sent to the chairman, or to any member of the Bureau.

While it is desirable to report upon any new or improved methods of performing surgical operations, or of adapting apparatus, it is especially important to investigate the applicability of homœopathic medicines to surgical diseases.

I. T. TALBOT, Boston, *Ovarian Tumors.*

G. D. BEEBE, Chicago, *Hernia,*

E. C. FRANKLIN, St. Louis, *Resection of Joints,*

BUSBY ROD W. JAMES, Philadelphia, *Recent Surgical Improvements.*

T. F. ALLEN, New York, *Canthoplastic Operations.*

N. SCHNEIDER, Cleveland *Fractures.*

W. T. HELMUTH, St. Louis, *Means and Instruments for arresting Hemorrhage.*

C. T. LEIBOLD, New York, *Diseases of the Lachrymal Duct.*

M. MACFARLAN, Philadelphia, *Clinical Surgery.*

J. J. DETWILLER, Easton, Pa., *Concussions and their Treatment.*

J. B. BELL, Augusta, Me., *Strabismus.*

Georgia.—The delegates and representatives to the Georgia State Agricultural Society have extended to their fellow citizens of the North, East and West a cordial invitation to meet their brethren of the South at their Fair, to exchange friendly greetings, to exhibit stock, agricultural implements and other articles of home industry, and thus promote the material interests of all sections.

Their Sixteenth Annual Fair will be held in Oglethorpe Park, two miles from Atlanta, on the double track of the Western and Atlantic Railroad, commencing, October 19th next, and will probably continue ten or fifteen days.

The grounds are elegantly fitted for the purpose, well watered and otherwise adapted.

The completion of the H. I. Kimball House, having 317 rooms exclusive of offices, with the National, St. James, United States, American, and Tremont Hotels, beside numerous private boarding houses and five hundred tents to be erected in the Park, will afford accommodation for 100,000 guests.

For the convenience of persons who do not desire to remain in the city at night, special trains will be run on four different lines of railroad, starting in the evening and returning at a convenient hour in the morning; thus enabling persons to lodge in the adjoining towns.

Our friends in Michigan and adjoining States who propose visiting the South this fall, will do well to so arrange their trip that they can visit the beautiful city of Atlanta during this Annual Fair.

Suicide of Leroy—A letter from Strassburg says that M. Leroy, Physician-in-Chief of the First corps d'armée, has fired two pistol shots into his breast. It is believed that he was acting under an exaggerated idea of a point of honor. He found that an infirmity of long standing would prevent him from going through the campaign, and he was afraid of exposing himself to a charge of cowardice in not following the army.

Bracing the Mind.—Lord Canarvon, in addressing the people of Birmingham used the following illustration: "Travelers tell us that in some of the eastern seas, where those wonderful coral islands exist, the insects that form the coral within the reefs, where they are under the shelter of protecting rocks, out of the reach of the wind and wave, work quicker, and their work is apparently, to the eye, sound and good. But, on the other hand those little workers, who work outside those reefs, in the foam and dash of the waves, are fortified and hardened, and their work is firmer and more enduring. And so I believe it is with men. The more their minds are braced up by conflict, by the necessity of forming opinions upon difficult subjects, the better they will be qualified to go through the hard wear and tear of the world; the better they will be able to hold their own in that conflict of opinion, which, after all, it is man's duty to meet."

Babies' Legs.—Bow-legs and knock-knees are among the common deformities of humanity; and wise mothers assert that the crookedness in either case arises from the afflicted one having been put upon his or her feet too early in babyhood. But a Manchester physician, Dr. Crompton, who has watched for the true cause, thinks differently. He attributes the first-mentioned distortion to a habit some youngsters delight in, of rubbing the sole of one foot against that of the other; some will go to sleep with the soles pressed together. They appear to enjoy the contact only when the feet are naked; they don't attempt to make it when they are socked or slippers. So the remedy is obvious; keep the baby's soles covered. Knock-knees the doctor ascribes to a different childish habit, that of sleeping on the side with one knee tucked into the hollow behind the other. He has found that where one leg has been bowed inward more than the other, the patient has always slept on one side, and the uppermost member has been that most deformed. Here the preventive is to pad the insides of the knees so as to keep them apart, and let the limbs grow freely their own way. All of which is commended to mothers who desire the physical uprightness of their progeny.

Trance.—A lady at Winsted, Conn. was struck by lightning, a short time ago, and lay several hours apparently dead, so that nearly all of her friends were prepared to have her buried. Her brother, however, insisted upon waiting and working for her resuscitation, and his faith was finally rewarded by her complete restoration to life and health. During her trance she distinctly heard the remark of friends that she was “unquestionably dead.”

Longevity.—The *Cincinnati Gazette*, in referring to the death of the venerable Jeremiah Day, ex-president of Yale College, speaks of the extreme delicacy of his health in his earlier years, and continues:

It is a singular fact that lives apparently most precarious at their beginning are often protracted to an unusual length. The Frenchman Fontenelle, who survived to within a few weeks of a century, was thought to be still born. Voltaire, who died at eighty-four, was a very puny infant. Lyman Beecher, who attained his eighty-eighth year, was a painfully diminutive and sickly babe, while the distinguished Dr. Spaulding, who graduated at Harvard about the same time that Mr. Day received his diploma at Yale, was like him obliged to be absent during part of the college course, and was regarded as a consumptive. He however, died at ninety-six, and was the last survivor of his class. It may also be remarked in this connection that our college presidents exhibit an unusually large per-centage of longevity. Dr. Nott, of Union, who was born in the same year with Dr. Day, reached ninety-four, and Josiah Quincy, of Harvard, ninety-two, and many others completed or passed three-score and ten.

Hell.—A physician says: “Hell is full of dyspeptics, and dyspeptics are full of hell. When good Christians learn that there is an intimate relation and sympathy existing between the mucous surface of a man’s stomach and his soul they will take more care of their stomachs; and by so doing they may improve men rapidly in many of the Christian graces—virtue and patience, for instance.”

Army Surgeon Students.—DR. LANNCLOUGUE, the Superintendent of the Ecole Pratique of the Ecole de Medecine, is now giving lessons to army-surgeon students by firing shots into the corpses of the dead from the Morgue! He then sets the students to discover the bullets, and afterward shows them how best to extract the bullets.

Appreciative.—A physician, to whom our clerk sent a bill of \$4 for subscription, last year and this, send *five*, and says, “*little enough it is too, considering the value of your periodical.*”

Book Notices, etc.

THE HOMŒOPATHIC TREATMENT OF HOOPING COUGH; by C. Von Bœnninghausen M. D. Translated with additions by Carroll Dunham M. D. New York: Henry M. Smith & Brother, 1870. Price, \$1.25; for sale at Detroit Homœopathic Pharmacy.

The editors of the North American Journal in notice of this work say:

“To be, or not to be, that is the question,—
Whether it is nobler in the body, to suffer
The pang and arrows of outrageous hooping cough
Or to take arms against a sea of troubles,
And by opposing, end them? to cough, to bark
No more,—and by a globule, to say we end
The heartache, and the thousand natural shocks
That cough is heir to,—’tis a consummation
Devoutly to be wished.”

“To all of which we heartily agree, if it only would be possible to find the right globule in every case. We have been in possession of Bœnninghausen’s treatise since it first saw the light in German. We have passed many a weary hour wading through the *eighty different remedies*, and found frequently, to our sorrow, that a hooping-cough is a hooping-cough, and consoled the parents with Professor Rush’s great remedy—three months versus six months.”

We are surprised that the learned editors of N. A. Journal have had such poor success in the treatment of pertussis; and we are equally surprised that in a work of 199 pages on hooping-cough only eight lines, a little more than a thousandth part of the whole, is devoted to *Corrallium rubrum*. Some physicians rely almost exclusively upon this agent in pertussis and they never have patients in hand for months. We have known cases to be taken in the fall of the year and early winter, under most unfavorable circumstances (in orphan asylums and poor houses), and cured within a month. The *Corrallium r.* was recommended by Teste in the 30th. dilution but we have had the best success with the third trituration, (five grs. of the third trituration to half a pint of water, taken in divided doses each day.) In a few

instances Aconite and Phosphorus have been used, both in the commencement and close, but for the characteristic spasmodic cough, Corallium has been the reliance, and the success has been so gratifying that we do not expect to need this manual in hooping-cough.

As a repertory for use in selection of remedies in coughs generally it will be valuable; for this purpose it is commended with pleasure, and we trust that its sale will liberally compensate both translator and publishers.

The full-faced letters used in the repertory appear to have been taken from different fonts of type, and would not please the taste of a practical printer, but will be admired by physicians for their legibility.

E. A. L.

THE LADY'S HOMŒOPATHIC MANUAL. By Dr. Ruddock of England, with notes and additions by Dr. R. Ludlam, pps. 226, C. S. Halsey, Chicago, Ill.

The author of this little work is an English homœopathic physician noted for his industry, scientific qualifications and enthusiasm in the cause of homœopathy. The American annotator is also well known as a physician and obstetrician. "This work is by no means intended to supersede professional homœopathic treatment, when it is accessible, but to substitute remedies and means of greater value and less dangerous than those commonly employed in allopathic practice." (*Preface*).

The various disorders peculiar to women are treated of in a plain, easy manner, and the remedies pointed out with considerable accuracy. The remedies recommended are those mentioned in all domestic works since the time of Hahnemann. We fail to find mentioned the remedies lately introduced to the homœopathic profession, and which are so useful in this class of affections.

In *Dysmenorrhœa* Actæa rac. and Gelsemium are recommended along with Cham. Bell. Acon. Cocc. Nux. Puls., etc.

In *Menorrhagia* no mention is made of Senecio, Trillium, Erigeron or Ustilago.

In *Hysteria* Actæa is recommended (why *will* some writers persist in calling Cimicifuga by that name?) In morning sickness, and vomiting of pregnancy, the usual remedies are mentioned, but no allusion to *Bromide of Potassa*, which is more useful than any one of them.

In *Heartburn*, *Sanguinaria* and *Iris* are not mentioned—a very serious omission.

In *Piles* no mention of *Æsculus*, *Collinsonia* or *Podophyllin* ! For the prevention of abortion no allusion is made to *Aletris*, *Helonin* or *Caulophyllum*,—all indispensable.

For *False pains* only *Puls. Cham.* and *Acon.* none of which can compare with *Caulophyllum* 2d trit. We are surprised that Dr. Ludlam did not mention it.

In *Tedious labor* no mention of *Cimicifuga*, *Caulophyllum* or *Gelseminum*—all more important than the old remedies.

In *Mastitis* no mention of *Phytolacca* !

In scantiness of milk an infusion of *Cariander* seeds is recommended. (Is the “*Lacteal Syrup*” advertised in the fly leaves of the volume made from coriander seed ?)

Among all the medicines recommended as remedies for infantile diseases, no mention is made of *Kali brom.* than which no medicine is more useful or important. In the one-tenth or one-hundred trit. it is the safest and most reliable remedy we ever used. It controls the nervous erethism and irritability peculiar to children, wards off cerebral congestions, relieves colic, arrests spasmodic croups and coughs—and will give better satisfaction than almost any other remedy. The advice given by Drs. Ruddock and Ludlam relative to mode of life, diet, regimen, and various other matters is all valuable and important, and the book should be read and studied by every woman. HALE.

LECTURES ON DISEASES OF WOMEN, by R. Ludlam, M. D., Prof. Obstetrics, etc., in Hahnemann Medical College, Chicago. *Part Second.*

The profession will welcome this addition to our medical literature with sincere pleasure. It is in no wise inferior to *Part First*, which made such a favorable impression. The subjects treated of in this volume are :

Ovaritis; bilious colic during pregnancy; prolapsus uteri; pruritus vulva; ovarian neuralgia; excoriated nipples; urethritis; membranous dysmenorrhœa; menstrual retention, a cause of uterine displacements; uterine colic; post partem ulceration of the womb.

To the author's etiology and diagnosis of the subjects he writes of, we can add nothing, but we take the liberty to suggest some additions to the *treatment*.

For *Pruritus vulva* he mentions many palliative external remedies, and very properly says, “it would be cruel to deny one's

patient the use of such palliatives as will mitigate her sufferings without in the least interfering with the cure of her complaint.

My experience is that in the treatment of pruritus of the vagina or vulva, when not due to ulceration of the cervix, a very common cause, that no remedy equals the lotion of Borax, recommended by so many allopathic authorities, namely: *Borax*, $\frac{1}{2}$ ounce; Morphine, 5 grains; Rose water, one quart; apply frequently.

With this admirable lotion I have often cured the most obstinate cases in a few days. It may be injected with great benefit, even in cases of ulceration of the cervix, especially in the aphthous variety. If any remedy has any effect when given internally for pruritus, it is the Bromide of Potassa.

To the therapeutics of ovarian neuralgia I would add the *Bromide of Ammonium* 1st. trit. which has often done excellent service in my hands. We are surprised that in the list of applications to *sore nipples*, he has omitted that specific for cracks and fissures, the *Glycerole of Aloes*. It will not relieve excoriations or ulcerations, but cracks "rhagades" of the the nipple or any other portion of the body will surely disappear under its use.

The Lecture on Membranous Dysmenorrhœa is very interesting. If we also read that splendid paper on the same subject, lately in the Journal of Obstetrics, we shall have nearly all at present known concerning it. At some future time we shall report a very remarkable case, of many years duration, which has been cured by the persistent use of *Borax*, given three times a day for three months in doses of 3 to 5 grains. Three months have now elapsed, and no return of the "pseudo" membranous discharges. Moreover, the general health of the lady improved rapidly all the time she was taking the Borax, and still persists in improving. Which does not look much like getting up bad pathogenetic aggravations by material doses.

THE AMERICAN DISPENSATORY. By John King, M. D.; eighth edition, revised and enlarged. Cincinnati: Wilstach, Baldwin & Co., 1870. Price, \$10. For sale at Detroit Homœopathic Pharmacy.

Prof. King deserves special praise for his most elaborate and comprehensive work. It is richest in its description of indigenous plants and is therefore well named *American*.

Prof. K., in his preface gives full credit to all his predecessors in the eclectic school of medicine. It may be thought that

his work has been merely the collation of material presented by Beach, Thomson, Morrow, Jones, Buchanan and others, but we think that Dr. King has written more original matter than either of the physicians named. As to Beach we believe that we never met with more unwarrantable plagiarism in any writer. Morrow was persistent, and a good organizer but not an originator. Thomson, certainly an ignoramus; Jones, industrious; Buchanan more talented than either of his colleagues.

When our author says:

“Those physicians who, in America, have been most zealous in maintaining these liberal principles, have generally been called “Eclectic,” but they have equally found able advocates among the followers of Beach, Thomson, Hahnemann, Priessnitz, and other reformatory teachers of medicine,”

We are astonished that a physician of Dr. King's culture should place the founder of the homœopathic system of medicine third in such an enumeration. What did Beach, Thomson, and Priessnitz ever do for the world, that they should be even named in connection with the medical philosopher *Hahnemann*? What did Beach ever originate? Did he introduce the botanic practice of medicine? Compare “*Theatrum botanicum, the theater of plants or an herbal of large extent*,” etc., by John Parkinson, published in 1640 with the American practice of Wooster Beach, and the meed of praise will be quickly awarded to the “King's herbarist of 1640, rather than to the copyist Beach. What of the illiterate pretenders Thomson and Priessnitz? Where are their followers? We point to ten thousand physicians adhering to the homœopathic doctrine as propounded by Hahnemann, but we do not know of a hundred who cling to the patent right of Thomson, or the water cure as practised by Priessnitz.

Prof. King places in his list of obsolescent and objectionable medicines, Antimony, Tartar emetic, Arsenic, Baryta carb., Cuprum, Mercury, Platina, Plumbum, Stannum and Zinc. While prepared to agree with the doctor as to the dangers attending the use of these drugs by the allopathic school, we direct attention to the fact that their exclusion is very unwise. The measure of the destructiveness of a drug in massive doses, is the guide to the healing and harmless use of the same agent in minute doses. We would not be willing to practice a day without these agents, and after use of them for nearly a fourth of a century we can testify

to their inestimable value, as well as to the fact that we have never witnessed a single case where, so used, they have wrought injury to the patient.

We are heartily glad to find Prof. King decidedly deprecating the support of the profession to manufacturers of drugs who keep as trade secrets the processes of preparation of their concentrated agents, etc. He says :

“The concentrated agents are now being tested by the liberal physicians of Great Britain, and I hope they will not judge of their therapeutical value by any improper samples that may be palmed upon them. Many articles now prepared as concentrated agents, are merely dried aqueous or alcoholic solutions, and in many instances are vastly inferior to the crude articles from which they are prepared.

We do not know the names of the manufacturers referred to by Prof. King. We have heard Messrs. B. Keith & Co., of New York city and their pure concentrated medicines spoken of very unfavorably, and we have also observed [that their preparations are adopted by the “British Homœopathic Pharmacopœia.” We believe that much of the abuse they have received has been excited by the envy of rivals, yet we are not of the opinion that their resinoids, etc., are so superior that they should be recognized to the exclusion of others.

E. A. L.

THE HEARTH AND HOME.

This valuable family journal has been transferred to Messrs. Orange, Judd & Co, proprietors of “*American Agriculturist*” by the late publishers, Messrs. Pettengill, Bates & Co., who doubtless find their advertising agency business too extensive to allow of the diversion of their energies to publishing. The *American Agriculturalist* will not be merged in the *Hearth and Home* as it is intended to conduct both independently, but the price will be reduced to \$3 for *Hearth and Home*, \$1 50 for *Agriculturist* or both \$4. We heartily recommend both publications to our readers. Address, Messrs. Orange, Judd & Co., New York City.

E. A. L.

MEYHOFFER'S CHRONIC DISEASES OF THE RESPIRATORY ORGANS,

Is expected daily from the well-known publishing house Messrs. Henry Turner & Co., of London, England.

The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

Dr. Cabarrus.—The following anecdote is going the rounds of the Paris newspapers, respecting the late Dr. Cabarrus: "He was called to see a well known actress, and after duly feeling her pulse, and looking at her tongue, pronounced that there was only one thing to cure her. 'And pray what is that, dear Doctor?' inquired the fair patient. 'Marriage,' replied he. 'You are single, are you not, my dear Doctor?' 'Yes, madam, but doctors only prescribe remedies—they do not take them,' was the witty homœopath's rejoinder." This is somewhat different from the story of a member of the profession in London, who, while attending a celebrated actress, made her an offer and was married to her. "Doctor, I'm very ill," said she. "What shall I take." "Why, madam, take me!"

Sir James Y. Simpson's Courtship and Marriage.—The Lord Provost of Edinburgh is responsible for the following story. Sir James was at that time aiming at the chair of Professor of Obstetrics. The Provost says:

"When he began his canvass, amongst others he called upon me. I had always a taste—right or wrong—for a little badinage, and asked him how he thought it possible for plain unsophisticated town councillors to be competent judges of the qualifications of a professor of midwifery; I thought a jury of old wives a much more likely tribunal to judge impartially in such a case. 'Very true,' said he, 'but if I can produce testimonials from educated medical men who are competent judges of my qualifications for the office will that not enable you to form a correct opinion as to who is the best qualified for the position?' This I thought a reasonable view of the case, but I said I had a far more formidable objection than that. 'And pray what is that?' said he, in a most fascinating manner. I answered that I could vote for no man for Professor of Midwifery who is unmarried. 'Well,' says he, 'I never thought of that, but I confess it is a fair objection—a real disqualification, and one which must be removed.' I learned a few days afterward that the day following he started for Liverpool, where he knew of somebody who had no objection to be the wife of a professor, and within a fortnight he was back in Edinburgh, called upon me, and announced that he was now qualified according to *law*, and claimed my vote."—*Med. and Surg. Rep.*

Zero.—In Paris, Baron Zero, who was blind with cataract, contracted with a surgeon for a cure at \$1,500, and when one eye was fixed stopped the operation, saying it could see well enough for him, and would save the other \$750. Rather cool that even for Zero!

Climatology.

CLIMATE OF KENTUCKY.

It will be impossible for me to write an exhaustive article on the climate of Kentucky, from the fact that I am personally conversant with only the western and south-western portions of the state.

Thus: Midland County, Kentucky, lying as it does directly between what is called the north and south, possesses many peculiarities, the result chiefly, of its geographical situation.

To the north, is the great chain of Lakes distant 250 miles; to the south is the Gulf of Mexico, distant 500 miles. To the east are three ranges of mountains, the Cumberland, Allegheny, and Blue Ridge, the former with the Big Sandy river, constituting our eastern boundary. To the west and north west, is that immense prairie ocean, stretching far away across the Mississippi Valley to the snow clad Rocky Mountains beyond.

The most remarkable peculiarities of our climate are its wonderful *changeability* and *humidity*. The dampness that impregnates our atmosphere and prevails throughout the principal parts of the year is undoubtedly attributable to the many rivers and streams, and lakes, and sloughs, and bayous, that abound all over Western Kentucky, and the neighboring sections across the Ohio River in Indiana, and Illinois and even still below in Missouri. The number as well as importance of the rivers all of which are navigable, that are found in and over this portion of the state, is really remarkable. The Ohio river borders our entire front of seven hundred miles. Green River comes into it above Henderson, winds to the rear of Henderson, and is navigable to Bowling Green one hundred and fifty miles in the interior. The Cumberland and Tennessee Rivers traverse the entire state from

south to north and debouche into the Ohio, one hundred miles below this point, and within ten miles of each other. Above and below the debouchments of these two great rivers, are numerous small streams pouring their gathered waters into the majestic Ohio, and then the great Father of Waters himself, washes our entire western boundary. And within twenty miles to the west of Henderson is Indiana, and between Indiana, and Illinois are two more rivers, the Wabash and White rivers, navigable for several months in winter and spring.

Furthermore the semi-annual inundation of all the low or bottom country bordering on these numerous rivers quite doubling the evaporating surface for several months each year, necessarily renders this a climate of unusual dampness. From the flat country along either side of these afore-mentioned streams the overflowed waters recede but slowly: and there are interspersed throughout these lowlands innumerable lakes and lakelets whose supply of water is derived almost exclusively from the rivers during the time they overflow their banks: and as a consequence, for three-fourths of the year, there are noxious exhalations rising from their green surfaces and drying shores. These stagnant bayous, river-created lakes and sluggish streams, constitute a striking feature in the topography of our country. The humidity of this climate is thus easily accounted for. For its changeableness which is indeed most extraordinary (oft times the thermometer will mark 30° change in an hour), I am unable to furnish any explanation at all satisfactory to myself.

The acute diseases prevailing in Kentucky during the summer months are confined mostly to the abdominal viscera. In the autumn—fevers—intermittent and remittent predominate. In the winter and spring months, pneumonia, pleurisy, bronchitis and rheumatism.

Female complaints and neuralgia form a large portion of our diseases the entire year round, with not a little phthisis pulmonalis. It is my opinion that nearly all of our severe diseases are the immediate or remote results of the peculiarity of our climate, a climate also particularly unfavorable to persons of a rheumatic or tubercular diathesis. Our consumptives are always benefitted by traveling either north or south of us, as any climate is more equable than our own.

Henderson, Ky.

P. G. VALENTINE, M. D.

Notices, etc.

PERSONAL.

Clarke.—Henry B. Clarke M. D., is about removing to St. Louis Mo., to take the practice of Prof. W. Tod Helmuth who removes to New York City.

Valentine.—P. G. Valentine M. D., sends an interesting article on the climate of Kentucky to which we refer our readers.

Ellis.—E. R. Ellis M. D., a homœopathic physician of Detroit, is the republican nominee for coroner, and we hope will be elected.

James.—We are pained to hear of the severe illness of our colleague, Dr. Bushrod W. James. The doctor removed a malignant tumor from a patient, and was so unfortunate as to become inoculated with the virus. He has been sick (September 26), some ten days, but is now recovering, and will, we hope soon be able to resume his professional duties. Our readers may expect some further illustrated articles from his pen.

Eaton.—We condense from a newspaper report the following notice of H. B. Eaton, M. D., of Rockland, Maine, who has been a medical practitioner for about 24 years. He graduated at Bowdoin College 1845. In 1864 he became a volunteer surgeon in the army. He practiced as an allopathic physician and surgeon until 1855, when he became convinced of the superiority of homœopathy, and has been since one of its most zealous advocates. Dr. E. is president of the Homœopathic Society of the State of Maine.

Nichol.—Our colleague Prof. Nichol, is to lecture in the preliminary course of Hahnemann Medical College of Philadelphia.

James.—Dr. Bushrod W. James, surgical editor of this journal, has been appointed to lecture on "Diagnosis in Surgery," in the Philadelphia Homœopathic College.

Hering.—We regret to find it announced that the veteran Prof. Constantine Hering has not received adequate support in the issue of his *Materia Medica* publications. The *Journal of Materia Medica* does not pay expenses, and the printing of the extra volume of *Materia Medica* has been abandoned.

Wilder.—Dr. Louis de V. Wilder spent two months the past summer at Long Branch N. J. and eight out ten of all the patients he prescribed for (which numbered several hundred) were believers in our system of faith. The prevailing diseases or ailments treated there were diarrhœa, cholera morbus, cholera infantum, and catarrh. The homœopathic remedies were so well adapted to those cases (as indeed to all others) that the cure in almost all cases was effected in a very few hours. Out of several hundred

patients treated for various diseases he did not lose one by death. Some catarrhal and asthmatic cases were relieved by inhaling the sea air and others were aggravated by the same: more received benefit however than injury.

LOCATIONS.

Eddyville, Iowa.—Write to Dr. S. M. King, Albia, Iowa.

REMOVALS.

Dr. S. M. King, from Eddyville, Iowa, to Albia, Iowa.

Dr. E. Willard Clark, from Appleton, Wis., to Neenah, Wis.

Dr. R. Fuller, from Sheffield Depot, to Spring Creek, Pa.

Dr. H. P. Mera, from Canastota to Rochester, N. Y.

Dr. S. G. Tucker, from Brooklyn, N. Y., to Norwich Conn.

Dr. L. M. Willis, from East Boston to Charlestown Mass.

NECROLOGICAL.

Field—On arriving at Paw Paw, Michigan, last Thursday (Sept. 23d), we were much grieved to hear of the sudden death of Henry G. Field, M. D., a very estimable homœopathic physician of that place. On Wednesday, the 22d, while on the way to see a patient at Lawrence, eight miles from Paw Paw, he was thrown from his horse, but apparently not seriously hurt; he led his horse to a patient's house, and while about prescribing for the lady asked her if she ever had palpitation of the heart, she replied, no! The doctor then remarked "I have and am taking medicine for it." A few seconds afterward he threw his head back, gasped suddenly two or three times, and was found to have departed this life to the realities of the spiritual state of existence. Thus suddenly died an earnest, truthful, beloved, physician. We attended the funeral ceremonies at the Christian Church at Paw Paw, where several hundred of the citizens gathered to pay a last tribute of respect to their departed friend.

Dr. F. had suspected for years that he had some affection of the heart; extra exertion in gymnastic exercises, overwork in his profession, and the fall from his horse, all contributed doubtless to hasten his end on earth.

His age at death was 32 years, 8 months and 14 days.

We most sincerely condole with his widow and relatives.

Mosman.—E. P. Mosman. M. D. a practitioner of Norwich Connt., has departed this life.

Burrows.—Dr. J. H. Burrows, of Gardiner Maine, died June 20, 1870, æt 50.

Andrews.—Dr. Joel R. Andrews, of New York City, Prof. of Surgery in N. Y. Med. College for women, died at Winona, Minn., June 1, 1870, æt. 52.

Cabarrus.—Dr. Edward de Cabarrus, died at Paris, May 18, 1870 æt 72.

DEFERRED ARTICLES.

Continued constant current in inflammation etc. of prostata.

Aneurism of the Aorta by E. J. Fraser M. D.

Hamamelis in Uterine hæmorrhage.

Secale for inertia of uterus.

Importance of a single symptom.

Drug Provings etc. etc. etc.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

SECALE FOR INERTIA OF THE UTERUS.*

I have lately been brought face to face with the question whether it is desirable to administer Ergot in massive doses for "Inertia of the womb," and, as there are various opinions upon this point of practice, I have thought that perhaps a discussion of it might be appropriate and interesting.

I do not intend to speak of the use or abuse of this drug generally in the lying-in chamber. Doubtless many times it is useless, and sometimes worse than that, but is it *always* needless even to the homœopathic obstetrician?

Let me narrate a case which may serve as a text for our consideration of this subject. A lady of perhaps 25 summers, of nervous temperament, rather slender frame, and unusually feeble muscular development, but fair general health, was taken in labor with her third child at 12:30 P. M. of October 11. This was her third confinement within two-and-a-half years. In her first pregnancy she suffered from albuminuria, and after a tedious but natural labor, had a mild form of puerperal mania. Nothing of this kind, however, appeared during her second pregnancy, and the labor at that time was normal though slow. The placenta having been removed and the bandage applied, for two hours all seemed to go well, and her attendant (a venerable allopathist) was about to bid her good-bye when he noticed that she was fainting. Hastening to the bedside he found the uterus distended by internal hemorrhage. He introduced his hand, removed the clots and thus induced contraction. Prolonged and alarming faintness followed, and in spite of large quantities of brandy, ammonia and beef tea she was scarcely rallied in six or

*Read before the Kings Co. Hom. Med. Soc., of New York, by W. S. Searle, M. D.

35—Nov.

seven hours. Her recovery, however, was speedy, and seems to have been complete.

The pregnancy which has just been completed was marked by no especial occurrence, and the labor opened very favorably. At the first examination (one hour after the regular pains began) the "os" was found dilated to the extent of about two inches, and extremely dilatable; in fact it seemed to have no contractile force whatever, and yielded to the finger like wet paper. The vertex presented in the first position, was, even at this early stage of the labor, well down in the superior strait. In fact the cavity of the pelvis, was remarkably roomy--so much so that when the head was distending the perineum the child could be felt to turn and twist it during the absence of pain as if greatly dissatisfied with its situation. There being very little amniotic fluid in advance of the head, and the pains, though harrassing, being very feeble, the labor advanced slowly. Indeed with so roomy a pelvis, parts so dilated and dilatable, so soft and cool and moist, and so small a child, it seemed as if pains of even ordinary force would have completed the labor in half an hour. But without interfering, except to give a dose of *Ignatia* for excessive nervous agitation, I awaited events, and at the close of the sixth hour a female child was born weighing about seven pounds. Anticipating trouble, I had directed the nurse (a very competent and judicious one) to follow the womb down with the hand as the child was born, thus to assure me of perfect contraction during the separation of the child and the removal of the after birth (a precaution, by the way, which I never omit.) Having cut the cord, I satisfied myself that the uterus was contracted in due form upon the placenta, but it did not feel firm and solid. No after-pain occurring for about ten minutes, we provoked one by gentle friction of the uterus, and with slight tractive force the placenta was withdrawn, accompanied, however, by a gush of blood amounting to perhaps a quart.

In accordance with the practice of the allopathic school, and as I had successfully done before in similar cases, when I feared hemorrhage from "inertia," I then administered a teaspoonful of Squibb's Fl. Ext. of Ergot, and carefully manipulated the uterus to encourage contractions. The womb was now as large as a child's head and globular, or rather pear form, in shape, evidently containing clots. Making continuous efforts with the hand no after pains could be elicited during the next fifteen or twenty

minutes, and my patient was quite faint. Fearing further relaxation, which the hand told me was imminent, I then gave two teaspoonfuls more of the Ergot, and sent for counsel to the physician best known to the family. Before his arrival, however, after pains of quite ordinary strength had come on, but the uterus appeared disposed to take an elongated form—the fundus extending as high as the umbilicus. There was no further active hemorrhage, but each after pain would squeeze out perhaps an ounce of bright red blood. I need not follow the detail of the case further for our present purpose. Suffice it to say that no manual effort was made to remove the clots; the hemorrhage continued about as last mentioned gradually lessening for 48 hours, while the uterus retained its elongated shape until the third day when under the use of *Caulophyllum* θ 3 gtt. to the one-third glass of water in teaspoonful doses every hour alternately with *Cinchona* θ it resumed its proper form. Whether this was due to the action of the remedies or to nature I know not. On the fifth day a clot of the size of my two fists was discharged, and no further hemorrhage took place. The lady is recovering satisfactorily.

The query now is, is it proper or desirable for the homœopathic physician under such circumstances to resort to massive doses of Secale. I shall hold the affirmative of this question both as a matter of theory and because I, in common with many others, have found such practice successful where hemorrhage is feared after a powerless labor. As before said I do not propose to discuss the use of Ergot for other purposes, nor its abuse under any circumstances, but simply to attempt to defend its judicious, but prompt and bold employment in circumstances similar to the above.

And first let us get a clear view of these circumstances. Here is a city-bred daughter of luxury, of ordinary health, but below the average of even city ladies in muscular power. She is brought to bed of her third child within two-and-a-half years. The babe weighs seven pounds, while the first one weighed nine pounds. Everything is favorable for a speedy and safe labor. Never were bony parts more roomy, nor soft parts more cool, moist and dilatable. The presentation was the best possible, and yet six hours were consumed by contractions which could not have averaged more than 3 or 4 pounds apiece, when the average force, in the great majority of labors, is calculated by Duncan at about 30 to 40 pounds.

This condition of affairs does not improve after the birth, and manual effort is only competent to keep the uterus partially contracted. Hæmorrhage to a considerable extent has taken place, and threatens recurrence. Now is such a case as this one for a homœopathic prescription?

Here is no pathological condition. The uterus partakes of the feeble muscular character of the rest of the body—a result doubtless of a lack of proper physical training in early life. It has been set to do a work exceeding its power of endurance, and having finally completed the labor, it is exhausted. What do we do when we find other muscles in this state? Would any one of us exhibit a homœopathic remedy, or would we prescribe rest and food and mayhap stimulus? But here rest and food are out of the question; delay is fraught with danger, the uterus must be made to contract firmly, and that speedily or the patient is in imminent danger of death. The problem is a physiological, not a pathological one; there is no disease; nature has simply been over taxed in a natural labor, and is tired out; she must be assisted by stimulus; but general stimulus will not do for the circulation must not be quickened; a specific stimulus is needed; now long trial has convinced the profession that ergot is in the large majority of instances a reliable stimulus to uterine contraction, used as such to a great extent, and perhaps a great many times, injudiciously, it is not strange that it has met with strong denunciations from some, but the fact remains that to-day, after all the pros and cons of theory and experience, the medical profession in large majority, believe in the use of ergot; most of our best obstetricians use it constantly: some of them never leaving the bedside of a multipara without having given a dose of it as a measure of security. It is evident that if ergot were so injurious, as some would have us believe, such a fact would soon be developed in the practice of these men. For instance, were the irregular contractions experienced in the above case a result of the ergot given, what scores of such accidents would fall to the lot of those who use it so freely; were irregular contractions never known to occur where ergot had not been administered, the case against it would be stronger, but such is not the truth.

It has been urged against ergot that when its primary effect had subsided, its secondary and contrary effect will ensue, and that we are in danger from secondary hæmorrhage. To this

it may be replied, in the first place, that as a matter of fact such secondary hæmorrhage does not occur after the use of ergot, with any such frequency as to constitute a rule. And secondly, danger of this kind could be averted if necessary by successive and diminishing doses of the drug, till rest and food and sleep had restored the native energy of the body.

Others may fear its dynamic effects, but these cannot be very serious, or they would have been noticed. I have never witnessed any, and according to the maxims of Hering, and some of our other experts in proving, the dynamic effects of a drug, are not usually seen after massive doses, but are rather the result of small and repeated ones.

I am aware that there are other alternatives in the treatment of such cases as this, but a discussion of their advisability and efficiency as compared with ergot or homœopathic remedies is foreign to our present purpose. The introduction of the hand into the uterus, the application of cold in various ways, or of hot water to the spine as recommended by some—all are more or less efficient, and all may at times be necessary, but the point now in question is whether there is any homœopathic remedy or remedies which are as certain to bring about uterine contractions and thus stop flooding in the above named conditions as ergot. For it is useless and foolish to talk of such hæmorrhage being stopped in any other way, than by firm and persistent contractions of the womb. In fact, is the case a proper one for homœopathic treatment at all. If we are called to a suicide who has swallowed poison no one would prescribe homœopathically. We would at once administer a stimulant specific to the stomach which alone would cause the ejection of the poison. In the one case the stomach, and in the other the womb must be made to contract or the patient will die. Each case is alike mechanical in its nature. If we could scoop out the contents of the stomach with the hand, it might efficiently be done, and if we could plug the uterine sinuses in any other way than by causing the womb to contract, perhaps such a course would be admissible.

Again, we are in the habit of explaining the prompt, and, to many wonderful effects of homœopathic doses in disease, by the fact that the irritability of the tissues involved is greatly exalted and a remedy that specifically affects them *must* accordingly be given in small doses unless we would aggravate the conditions. This is well understood by any one that ever prescribed

homœopathically, and is admitted even by our opponents. But in the case we are considering, the irritability of the whole body, and of the uterus in particular, is in a minus state. The entire organism may be almost devitalized by the loss of blood. How then could we expect a response to the homœopathic dose, even were it at all an appropriate condition for such treatment?

The case then stands thus: here we have a patient with an inert exhausted uterus, and as all will agree, it must be made to contract or the flooding will continue. Now is there any agent in the homœopathic *repertoire*, administered in accordance with the law of cure, which is as competent and certain to do this work as ergot? If not, he who does not use it under such circumstances, may save his patient by other means, but if he loses her, he must be held responsible. * * * *

Remarks were made upon the paper by several members. Dr. P. P. Wells said that in the early part of his practice he had used ergot to a considerable extent; but finding that it could not be always relied upon to do what was expected, he had cast about for some other remedy. For the last thirty years he had relied upon Cinnamon θ , a few drops in water frequently repeated, and believed he had had better success in controlling uterine hæmorrhage with this agent than with ergot. Against the logic of the paper, and the theoretical propriety of the use of ergot under the restrictions and in the case named, he had no objection to offer.

Other members narrated similar experience, and held similar views. Some relied wholly upon the homœopathic indications and the minimum dose, and claimed excellent success.

It is evident that the criterion of success should govern the treatment—real success, not apparent, and we can only decide the question by comparative treatment in a lying-in hospital, an institution which unfortunately we have not under our control.

W. S. S.

ANEURISM OF THE AORTA.

On the 25th day of June last at the request of Dr. J. A. Albertson, I called with him to see his patient, L. Nagle æt 56, German, nervous temperament, thin and spare, and by trade a lithographer.

From Dr. Albertson I received the following history of the case.

While Mr. Nagle was on his way to Germany two years and a half ago, he was troubled with rheumatic pain in the right hand. After his arrival in Germany, he complained of severe pain in his chest.

He returned from Germany in November 1868, when he had night sweats, but thought nothing of them, and attended to his business as usual for a few months. In the course of time, he became troubled with dyspnœa while ascending stairs, or walking rapidly, accompanied with pain in the chest. For this he consulted a physician with whom he was well acquainted, who treated him for a period of two months for intercostal rheumatism and finally salivated him.

The pains ceased for a few days, when they returned worse than ever. The treatment which he received having displeased him and his wife very much, they decided from that time to have a change of treatment and Dr. Albertson was called on January 19th, 1870. Dr. Albertson found the usual symptoms of intercostal rheumatism and also acute pain in the splenius capitis muscle at its occipital insertion, on the right side. The pain was so intense that he could not incline the head in any direction, and had to sleep with his head suspended with a sling under the chin and attached to the ceiling of his room. In about three weeks the pains in the occiput ceased so that he could sleep reclining, yet the pains in his chest prevented his lying down. He continued to improve till about the first of May, when he went into the country for a week. After his return he went down town a few times, and then began to get weaker with pains more severe in the chest, and pains in his arms above the elbows, but no pain in the occiput. The pulse became irregular, missing the eighth or ninth beat for two or three days, then regular again for a week perhaps, then intermittent again. This continued for a month or six weeks. The countenance in the mean time became sallow, but appetite all the time good and bowels regular. Upon waking in the morning would feel perfectly well, and without the least pain, but as soon as he attempted to move, the pains in the chest would commence and continue for from half an hour to two hours, when they would become easier and continue so through the day but never ceased entirely.

About the first of April, the apex of the heart began to ascend, and about the first of June symptoms of aneurism of the aorta made their appearance.

On the 25th of June I saw the case at Dr. Albertson's request when the symptoms of aortic aneurism were very plainly marked.

There was an unusual fulness at the left side of and near the upper portion of the sternum, under which a strong systolic murmur could be distinctly heard, while the apex of the heart was below the sixth rib.

From this time the aneurism grew rapidly. A tumor formed between the first and second ribs on the left side of the sternum about two inches high. It was so sharp and prominent that fears were entertained that it would rupture.

There were both dysphagia and dyspnœa, but the latter seemed to depend more on pressure upon the lungs than upon the trachea.

There was no œdema of the extremities and no unusual symptoms except a stitching pain under the sternum and in the chest under the left arm, a gradual failure of appetite and strength with increased dyspnœa, and inability to lie down. He died August 10th 1870 at 10 P. M.

On the 11th in the presence of, and aided by, Drs. Albertson J. J. Cushing, and J. S. Beakley a post mortem examination was made which presented the following appearances.

Upon elevating the sternum and cartilages in the usual way, the tumor, it was found, had become adherent to the sternum and cartilages over a circular area three inches in diameter.

Upon dissecting it off about two drams of reddish unhealthy looking pus flowed out. In the thoracic cavity a stranger appearance was presented.

A mass four inches in diameter and six inches long, filling the entire space between the sternum and the spine, and closely adherent to both, and pushing the heart down apparently into the epigastric region, was here seen, with the collapsed lungs clinging to its sides.

In dissecting the mass from the spine, another ulcerated spot was found, but not so extensive as the one under the sternum.

A close examination showed that the whole ascending portion and arch of the aorta was involved. The walls upon the convex side seemed to have given away, and a large number of lamina

had been deposited, so that a portion of the wall of the aorta was at least an inch and a quarter thick. The aneurism alone weighed fourteen ounces—heart and aneurism together twenty-four and three quarter ounces.

The cavity of the aneurism was estimated to contain from a pint to a pint and a half of blood.

The descending portion of the thoracic aorta lay close along aside the aneurism, while the left common carotid, sub-clavian and innominate arteries issued from the walls of the aneurism where it was at least half an inch thick.

The appearance of all the cavities of the heart was normal, and the valves all perfect, with the exception that the aortic opening was somewhat dilated, admitting a slight mitral regurgitation.

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THE USE OF HAMAMELIS IN UTERINE HÆMORRHAGE

BY D. DYCE BROWN, M. A., M. D. *

It has seemed to me, from what I have read in published records of cases, &c., and from what I have learned in conversation, that an important use of this most valuable remedy for various kinds of hæmorrhage has been a good deal overlooked; and it is my object in this short paper to draw the attention of the profession to the subject. In Dr. Hughes's *Pharmacodynamics*, among the varieties of hæmorrhage where *Hamamelis* has been found useful, the author does not mention uterine hæmorrhage, while in his *Therapeutics*, in the paragraph on menorrhagia he makes only a slight mention of it as follows, only placing it far down in the list of medicines useful for this complaint;—“*Platina* is a favorite remedy for this disorder; and would probably be most in place when it depended upon undue ovarian excitement. The same may be said of *Hamamelis*.” And again in a passage for which I have not the exact reference, quoted by Dr. Hale in his *New Remedies*, p. 492, Dr. Hughes says: In menorrhagia, I think *Hamamelis*, less often useful than *Ipecacuanha*, *Sabina*, and *Secale*.” Dr. Hale says (op. cit., p. 505:) “In uterine hæmorrhage it is highly extolled by some physicians. Dr. Preston cured a case of *active* uterine hæmorrhage caused by a fall; it was promptly relieved by it;’ but thinks ‘its particular sphere seems to be in *passive* hæmorrhages and uterine congestions.’ He has ‘cured many cases of passive uterine hæmorrhage with *Hamamelis*.’ Dr. W. E. Payne states that he has not

* British Monthly Hom. Review, August 1870.

used the *Hamamelis* successfully in uterine hæmorrhages except when the blood flowed *steadily*, was *venous* in character, and without uterine pains. My own experience accords with that of Dr. Payne's; therefore I would not advise the use of this remedy in hæmorrhage after labor for, here we want a remedy like *Secale* or *Erigeron*, which causes contraction of the muscular tissue of the uterus, and perhaps of the arteries. *Erigeron* is antipodal to *Hamamelis*. It is directly indicated in active *arterial* hæmorrhage, as the latter is in passive *venous* bleedings."

Whether it is the result of these remarks, where, even in the limited sphere ascribed to it, no great results are recorded of it, and no cases related of its success, or from practitioners having kept to the use of old and tried remedies, it seems to me that, from the almost entire silence of writers on the point, a valuable remedy is overlooked.

The pathogenetic symptoms pertaining to the uterus are few, as recorded by Dr. Hale, viz. :—"Hæmorrhage from the uterus of bright and fresh blood, not coagulable, about midway between the menstrual periods (from one drop of the 3rd—Dr Preston.) Active uterine hæmorrhage in a young lady." These facts are marked and distinct; while the fact of its being so valuable in other forms of bleeding, would lead one to infer that it ought to be a valuable medicine in menorrhagia and other forms of uterine hæmorrhage. I shall relate a few cases where I have used it in menorrhagia and metrorrhagia.

1. The first case in which I used it was a case where the symptoms seemed to be those of threatened abortion in the second month. I have no notes of this case, so I cannot give particulars but after the pains had been removed by *Sabina*, the hæmorrhage continued notwithstanding. *Crocus* failed to stop it, and their being no pain, I thought myself of *Hamamelis*. A few doses stopped the flow. Soon afterwards the following case occurred.

2. Mrs. C. was in her third pregnancy, about the fourth month. After lifting a heavy weight, she began to feel uneasy in the region of the uterus. Pains came on, with hæmorrhage. Although she was not taking the care of herself which she should have done, and not keeping constantly to the recumbent posture, the pains disappeared, but the hæmorrhage continued. It was only after the hæmorrhage had thus continued three or four days that she sent for me. I found her quite well in general health—no pains, only hæmorrhage. The os uteri was quite closed. I prescribed *Hamamelis* 1x every two hours. To keep in bed. Next day, on calling, I found the hæmorrhage quite stopped. I advised her to keep her bed for a few days longer, and stopped the medicine. There was no return.

I have before this wanted a medicine to have this effect in cases of threatened abortion, where I got the pains, &c. removed, but where some hæmorrhage, however slight, continued, keeping the patient in bed; and in such cases I think *Hamamelis* will be

found a most important medicine. About a month after this I had the following case.

3. Mrs. D., in her third pregnancy, three months gone, slipped her foot and fell down stairs. Pains came on an hour after. I saw her next day, March 9th, 1870. Pains had continued all night, "just like labor-pains," as she described them. Hæmorrhage had only come on that morning. I ordered *Sabina* every hour.

March 10th. Pains entirely gone. Hæmorrhage still continues, but not to such an extent as to require plugging. Continue *Sabina*.

11th. Hæmorrhage less, but still present. *Hamamelis* 1x every two hours.

12th. Hæmorrhage stopped; finding this she had risen, from bed, and I found her dressed and at her door. Since rising she felt a return of the discharge. Ordered to go back to bed. Continue *Ham*. She said she felt sure the last medicine had done her a great deal of good.

13th. Discharge almost entirely gone. Continue medicine every third hour.

14th. Found her again sitting up. Discharge quite stopped. She feels quite well, except a feeling of weakness in the back. I warned her against sitting up for a day or two. She remained quite well.

In this case the hæmorrhage had completely stopped by the morning after getting the *Hamamelis*; and there can, I think, be no doubt that had the patient not imprudently risen from bed, and gone about her ordinary avocations, she would have had no return of it. Medicines cannot have fair play unless common precaution is taken.

4. Mrs., C., æt. 28, sent up to the Dispensary to say that she was menstruating profusely, and had been so for three days. She had menstruated only a fortnight before, when it was very profuse, and was checked by *Crocus*. She was at this time very anæmic, having had a miscarriage at six months, only a few weeks before. The discharge is bright red, with no clots. Complains much of bearing-down pains in the back. *Sabina* was indicated but I wished to see what *Hamamelis* could do in such a case. I therefore on April 7th, prescribe *Ham*. 1x every two hours.

April 8th. Considerably better; discharge much less. Repeat.

9th. Hæmorrhage rather more than yesterday. Continue medicine every hour.

10th. Hæmorrhage ceased yesterday evening. There was no return.

5. Mrs. M., æt. 36, had a miscarriage, at which time not knowing the nature of her case, she had allowed herself to flood severely before sending for advice. On April 11th, during the next period, not long after, she sent to the Dispensary. She had then

been ill for four days with profuse hæmorrhage, and she was still in the same condition. Blood dark, but not clotted; complains much of a severe boring pain in the back. *Hamamelis* 1x every hour.

April 13th. Says the discharge got much less after the fourth dose. She had not kept lying down as ordered, but had gone about as usual. Notwithstanding, the hæmorrhage is nearly gone.

14. Reports that it stopped entirely last night. To-day has been washing, which caused a slight return of it for about half an hour, after which there was no more; boring pain in the back gone.

6. Mrs. T., æt. 26. Had been quite regular up till three weeks ago, since when discharge has never left her, but increasing in violence at the beginning of each work. Complains of feeling generally weak, and a "weak" pain in the back, with pain also in the left ovarian region. *Hamamelis* 1x every two hours.

She returned five days after, saying that the discharge had stopped the day she got the medicine, since when she has only had leucorrhœa in the morning, and occasionally a little through the day. Pain in the back and in the ovarian region gone. Feels stronger. To have *Sepia* 12 ter die.

After having related these cases, it is but right to state that in the case of a lady, who began to have a continous hæmorrhagic discharge a fortnight after having had a miscarriage at six months, the *Hamamelis* completely failed. In the dilution 1x there was no effect produced, and on giving it in mother tincture the hæmorrhage was during that time increased considerably. In this case, *Crocus* stopped the discharge after a few doses.

In summing up, I hope that I may not be misunderstood as to the object of this paper. I do not wish to put *Hamamelis* forward to take the place of any other medicine, for no one medicine can properly take the exact place of another; but in the busy run of practice, one sometimes finds oneself keeping to a few well-tried remedies for a given complaint, and overlooking one which has a valuable place in its treatment, and which might, if kept in view, stand one in good stead in many cases. I should not think of recommending *Hamamelis* in post-partum hæmorrhage, for in such a case we want to get contraction of the uterus produced; nor in cases where "uterine pains"—that is, true labor pains, such as occur in threatened abortion—are present, for there we should only cover part of the symptoms with *Hamamelis*. But other kind of pain, such as are generally felt in cases of menorrhagia, such as aching in the back, boring pain in the back (as in Case 5), sensation of downbearing, and pain in either ovarian region, are not by any means contra-indications, but are relieved or removed by the use of *Hamamelis*. At the same time hæmorrhage simply, accompanied with no sort of pain (as

in Case 2) and especially that form of hæmorrhage occurring in threatened abortion, and remaining after uterine pains proper have been subdued by other remedies, would lead me at once to think of *Hamamelis* in preference to any other remedy. As to the nature of the discharge, whether bright or dark, clotted or fluid, I cannot satisfy myself that any one variety is more indicated than another.

My estimate, then, of the sphere of action of this medicine coincides very much with that of Dr. Hale, as given in the passage already quoted; and though I have little new to offer on this point, my object will be quite gained if my bringing it more prominently before the notice of the profession results in *Hamamelis* obtaining a place among remedies for uterine hæmorrhage far higher than that which it seems at present to occupy.

As to the dose and frequency of repetition, I fancy that the lowest dilutions, such as the 1st decimal, in doses of one or two drops from every two hours, or even every hour, according to the urgency of the case, will produce the best results; while failing to find the expected result from the 1x, I should certainly give the mother tincture before trying any other medicine. For although I have mentioned that in one case the hæmorrhage, which was uninfluenced by the 1x, was seemingly aggravated by the mother tincture, yet in another case, which I have not space to relate, the reverse happened, and the change of strength from the 1st decimal to the mother tincture was followed by a most marked beneficial effect.

The Continued Constant Current in Inflammation, Engorgement and Hypertrophy of the Prostate.

BY DRS. JULES CHERON, & MOREAU WOLFF. L'Art Medical May 1870.

The prostata, firmly surrounded by a fibrous-membrane, rich in muscular elements, consists of a glandular substance, being hardly half of the total mass of the organ, the other half being represented by smooth muscular fibres, reunited by cellular tissue, a considerable number of blood-vessels surround the congeries of glands, and a net-work of veins is found below the urethra.

Any one knowing the physiological action of the continued current on the smooth muscular fibres and on the walls of blood-vessels, understands therefore easily, why its therapeutical application in diseases of the prostata, as inflammation, engorgement or hypertrophy must be beneficial.

To diminish or to arrest local circulation is the object of the continued current, and in prostatitis this is frequently accom-

plished by two or three applications, producing a successive permeability of the blood-vessels, from the periphery to the centre, resolving thus the inflammation and preventing the evolution of ulterior phenomena.

Engorgement of a tissue or of an organ is only an augmentation of its volume and consistency, characterized by the presence of an amorphous matter, semi-solid or liquid, which has exuded between the anatomical elements; but when a proliferation of fibro-plastic elements is added in large quantities to those normally existing, we call the organ hypertrophied, and such a state *hypertrophy*.

Distention of bloodvessels and of the lymphatics precedes and accompanies the engorgement of an organ. It favors the exudation of amorphous matter, with its further consequences. The histological constitution of the prostata abounds in contractile elements and numerous bloodvessels, and favors engorgement, against which we apply with favorable results the continued current, in order to act on the special properties of the anatomical elements, (muscular fibres etc.), and to favor the process of endosmosis. In the first case the infiltrated amorphous matter is subjected to a series of oscillations caused by the contractions of the fibres, in the second the distended vessels regain their autonomy under the stimulant influence exercised by the current on the muscular elements of their walls, and as soon as the circulation is re-established, the normal nutrition of the organ again takes place.

This we find also to be the case in prostatitis, as soon as one pole is applied in immediate contact with it, the current acts on all bloodvessels of the periphery, where the blood still circulates, although under difficulties; by the influence of this stimulant pressure is increased, and permeability re-established in a number of blood-vessels. By and by the circulation takes its normal course again through the whole organ, the infiltrated matter is absorbed and the secretion of the prostatic glands re-established, with one word, *normal nutrition sets in with normal circulation*.

A few applications suffice to bring on resolution in inflammation and engorgement.

Have we the same power over hypertrophy, a state consecutive to inflammation and of which engorgement frequently is only the prelude?

We believe that even the complete re-establishment of the circulation does not any more suffice, to produce a retrogression of

new anatomical elements, which have already arrived at their full development.

But still the continued current may re-establish the circulation in those blood-vessels which are not yet completely obstructed, produce thus a partial resorption and a reduction of the volume of the organ. The emission of urine will be easier, the pains greatly relieved and a passable state of health brought about by the resolution of the engorgement, which always accompanies the hypertrophic state, although the latter may not be amenable to treatment.

We are in the habit of applying the continued current in the following manner :

One pole, armed with a cylindrical excitor made of copper whose superior button is blunt and covered with cloth, moistened in water, is introduced in the rectum, so that it comes in contact with the inferior surface of the prostata. After having practised the touch and measured the distance which separates it from the margin of the anus, a mark is made on the handle of the instrument, on which a kind of see-saw movement is described, till we bring it well to rest in contact with the anterior surface of the rectum.

The second pole, armed with a moist sponge, is put in contact with the perineum. According to the sensibility of the patient and the passive state of the engorgement, and of the hypertrophy, we employ 8, 10, 12, 16 and even twenty couples of Remak. Every application may last about 12 minutes. and we repeat it every other day.

The engorgement of the prostata is usually without pain, and then we always employ the negative pole in the rectum on account of its electrolytic resolving action (*Remak*). In case of inflammation, or when an old painful hypertrophy complicates the inflammatory state, the positive pole in the rectum is advisable ; and only a few, eight or ten couples ; after which pain and dysuria will soon disappear.

Some authors propose to place a probe in the urethra, united to one of the poles, the other maintained in the rectum ; we have tried it several times, but found no especial benefit from it and prefer therefore the more simple method.

S. L.

THE IMPORTANCE OF A SINGLE SYMPTOM.

The physician occasionally meets in practice, with cases in which the tongue is exfoliated in one or more places, where it is sore and raw. Sometime last spring I was consulted by a lady who was suffering from diffuse inflammation of the mucous membrane of the mouth and tongue, in which the peculiar condition of the tongue above mentioned presented itself. I treated her a number of days with the ordinary remedies, without any favorable result. Being puzzled, I referred to a repertory to find the peculiarity of the tongue mentioned. This led me to select *Ranunculus sceleratus*,³⁰ which effected almost a complete cure in 24 hours. I have since prescribed, a number of times, the same medicine, in cases where the peculiar appearance of the tongue presented itself, with the same favorable result in all cases.

Quite recently, a case of diphtheria, which I was called to treat had this symptom of the tongue well marked. The tongue was thickly coated with a yellowish white fur. On both sides of the median line there existed raw and denuded surfaces—little islands as it were surrounded by the thick coating of the tongue. Both tonsils were swollen and covered with diphtheritic patches. Prescribed *Ranunculus scel.*³⁰ every two hours. Next day, a new epithelial covering seemed to have formed over the raw surfaces; the throat affection however not improved: alternated *Lachesis* with *Ranunculus scel.* and a rapid cure of the diphtheria followed. It is worthy of mention that the left tonsil was first affected.

Reading Pa.

S. R. RITTENHOUSE M. D.

Loss of Speech from Chloroform.—A servant girl who had inhaled chloroform a short time, when a tooth was extracted, found on waking that she had lost the power of speech, could not utter any sound whatever; and remained in that state for five weeks, in spite of various remedies, especially electricity. After this time she commenced to speak in a low tone. She had never been hysterical.—*Lancet*, from *Allg. Med. Cent. Zeit.*

CHOLERA INFANTUM, COMPLICATED WITH CONGESTIVE CHILLS.

Concise analysis is satisfying to a trained mind.

There is a terrible synthesis in the current action of malarial fever under a torrid sun.

1. Coup de soleil has slain its victims by the score, almost daily for several weeks. And to every one that has died, forty have been alarmingly, and several hundreds partially prostrated, by the same extraordinary cause. So that of all the patients that fall sick the present season, an indefinitely large number have this undiscovered and often undiscoverable but very dangerous element—prostration of nervous force—complicating the malady of which they complain.

2. The cases of Intermittent fever with which we have had recently to deal are of a somewhat novel type. They present a modification of the congestive chill, the malignant chill, the dumb chill—and the more dumb, the more malignant. Their most characteristic feature is their *irregularity*, in respect to their time of recurrence, and the mixed up succession of their several stages.

Read the books on intermittent, and you are led to expect a cold stage, a hot stage, and a sweating stage in uniform order, and at definite intervals. You are instructed to time your several remedies to each with definiteness and precision. Examine a case in practice, and you find intense headache, pain in the back and limbs, nausea and vomiting, one or all at any and every period of the paroxysm; with a masked chill, fever and sweat inextricably broken up and mingled; and the whole recurring once, twice, or three times a day, or once in two or three days, with intervals of such apparent strength and quiet as throws every one off his guard. It is only a few sudden and surprising deaths from these attacks, that can make the practitioner aware of their real malignity. The guerrilla chills, they may appropriately be called. They are an intermittent fever, of a malignant type; although no one can affirm that they do not sometimes disappear, under treatment, after one or two paroxysms; while in other instances (perhaps with similar treatment) they linger on and degenerate into typhoid. The Coup de soleil, may cause the difference.

3. The ubiquitous rash, termed "prickly heat," covers the skin of a teething bottle-fed child in summer with perpetual, intense, inflammatory eruption. This disappears without assignable cause, or under the action of some ill advised remedial agency, and vomiting and diarrhœa ensue. The eyes sink—dark circles surround them. Emaciation is rapid. You have a case of cholera infantum. The skin eruption has changed base, and seated itself on the mucous linings of the stomach and bowels.

What will you do? *Ipecac* and *Veratrum*, *Ars.* and *Cinchona* *Gratiola*, *Agaricus*, *Apis*. *Laurocerasus*, *Merc.* *Podophyllum*, *Carbolic acid*, and the like may or may not for a time control satisfactorily the stomach and bowel symptoms; while *Bell.* and *Hellebore* protect the brain; *Carb. amm.* low enough to taste it may bring back the sinking vitality, and *Hydrastis*, when ulcers invade the buccal cavity and the bowels, may afford relief, or after all your hopes may be disappointed.

What is the matter? You could not cure the rash when it was on the cuticle—perhaps the reason was that the causes which produced it were in continuous action—you will find it more difficult to cure after it has gone to the mucous membranes. The depletion that is inevitable may help you.

Now come in the complications. The malarial remittent has set in. You can control your case encouragingly for an indefinite period, averaging twenty-four hours; then a congestive chill presents itself and the fat is all in the fire. One, two, three paroxysms—and you know not where to begin the count—and the undertaker is the only one that can render any further assistance.

The permanent debility resulting from a partial sun-stroke was perhaps at the bottom of the whole trouble except the rash.

If any plain writer can correct an error in the above views, or elucidate the subject of which they treat, please do so.

T. S. GOODWIN.

Port Richmond, S. I., August 3, 1870.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

ACONITUM NAPELLUS.

On the cumulative effects of minute doses of dynamized Aconite when extended over a considerable period.

In the summer of 185— I was in charge of the High school at C——Illinois. I had previously prepared to enter the profession of medicine under the old system, but bad health and more especially a deep disgust at the confusion and uncertainty that seemed to rule in the whole realm of physic had decided me to abandon all design of ever going into the practice, and I had therefore gone into the profession of teaching.

This was considerably anterior to any knowledge of homœopathy on my part.

In throwing aside the old system of therapeutics, as wholly empirical and unscientific, I had not the remotest thought of investigating homœopathy, which I had been led to regard as one of the pleasant “do-nothings” which society had adopted as a natural re-action against the altogether blind and injurious “do-too-much” of the prevailing school.

Passing through J——, the scene of my old Alma Mater, I called on an old and esteemed friend residing there, then and now engaged in the practice of homœopathy. Incidentally alluding to a nervous difficulty from which I had suffered for some time, my friend suggested Aconite as one of the remedies to be used in the treatment of it. This suggestion probably passed from my mind soon after. At least I did not act upon it at the time, and probably forgot all about it till some time afterward.

Some time during May or June it must have been, being rather annoyed by my complaint, I went to a drug store and obtained some of the inspissated extract of Aconite, from which I prepared a tincture, there being no homœopathic physician near me at the time.

From this tincture I made what must have been the third dilution of the drug, of which I took ordinary spoonful doses three times daily. With the primary effects of the medicine I was rather pleased. It seemed to lift off my nerve system a great part of that enormous weight that had oppressed it for years.

Encouraged by the result, I continued its use for some time (probably four to six weeks,) although some of its effects were not so pleasant. Led on however, by my previous notions and experiences of drugs under allopathic regimen, and ignorant of the cumulative influence of the dynamized preparations, especially of this drug, I kept on, thinking I could retain its good effects permanently, and throw off any bad ones, whenever I saw proper to abandon its use.

Of this period, however, I have at the present time a very indistinct recollection, what my symptoms were to any important extent, or of the order and manner of their coming; as none of them were then so marked as they afterward became, when the element of *time* had come in to augment their accumulating effects.

What I most remember now is, that I experienced a peculiar mixed sensation of restraint and dizziness in the anterior and upper portions of the brain and considerable oppression of the chest. With these there were a degree of debility, a loss of appetite and flesh, and a marked sensibility to cool weather.

At the same time there was developed a deep, hollow cough, which with my other symptoms led my friends to fear that I was going into a serious decline. The cough, however was soon pretty much cured by a prescription from my allopathic friend, Dr. W.—— of C.—— at this time professor in R.—— medical college, Chicago Ills.

Somewhere about this time I abandoned the use of the Aconite, for what particular reason I am not able to say now, as I was not at that time led to trace any serious connection between the effect of poison and my declining health—which I attributed chiefly to confinement and hard work.

With the disuse of the Aconite my health did not mend, but continued to decline. Vacation came soon, and with it I returned home to recruit. But instead of improving I grew worse. I became restless and nervous.

I was troubled with an excessive trembling of the arms and

hands at times, especially after protracted exertion. My hearing sometimes was very acute; I was easy to start. The slightest contact of my hair even, with any object I happened to pass near, would often make me jump as if I had been struck. I was frequently unable to sleep at night from nervous excitability; at such times my skin was usually covered with a slight, cool, sticky moisture. There was a feeling of stagnation throughout my system; my blood did not circulate as in health. The resting of my back against a chair would produce a sense of numbness in the part in contact. Sometimes my coat by pressing upon the axillary artery would produce so much numbness and paralysis as to render my arms nearly powerless. The left one was most affected. My sense of weakness and prostration were often extreme amounting at times to a feeling of mortal anguish. Yet this did not by any means indicate my actual strength which was much greater than apparent. Moderate exertion would mitigate many of my sufferings to a degree.

But too great exercise would enhance them. I was extremely susceptible to the influence of cold. The sudden advent of a cold day would chill me to the very marrow. I would have severe rheumatic pains in all my limbs especially the joints.

The "balls" of the feet seemed swollen, and were painful in walking.

Its effects upon the respiratory organs were very marked. There appeared to be a general tendency to an arrest of the involuntary action of these organs. One evening I remember in particular, while sitting at tea, I was seized with a paroxysm in which the lungs seemed to have ceased to act altogether. It was accompanied with such a sense of suffocation and paralysis that I believed myself dying. I rose immediately from the table without saying anything of my situation to any one, and getting pen and paper commenced to write some last directions relating to my affairs.

My mind participated equally with my body in suffering. It would be quite impossible, however, after this lapse of time to depict either my physical or mental condition. The slightest change in my reflections was often sufficient to cause me to break out into a fit of weeping, and this, too, often when I could assign no good reason for it. I was subject to the strangest hallucinations. At times it appeared to me that my forehead was transparent and that I could look through it. I seemed lifted

into another sphere of existence. Men and things appeared to move past me in an endless procession—of which I had no living—only a mere physical consciousness.

The visible scene of life was a vast phantasmagoria, wherein animated existences were seen passing to and fro like the merest shadows.

My emotional nature though excited by trifles, was profoundly apathetic in the presence of objects really calculated to excite it.

At this time I lost a very dear friend. I was astonished at my frozen indifference. It was an evidence to my reason that I had become a wreck in mind as well as in body. I seemed to myself to have been blasted to the inmost core of my being, physical and spiritual. I gave up my situation at C——yet soon after, thinking I had not long to live, and preferring to die among strangers rather than among friends, I procured another.

I was the more stimulated to do this from the resolution I formed in regard to my future.

My apprehensions regarding my health led me to imagine that before death should take place I, should become a helpless wreck floating on the tide. I formed the resolution never to live for a spectacle. I determined, when this seemed no longer avoidable to die.

With this design, when on my way to undertake my new duties, I procured something to make death easy and sure, whenever it should seem to have become necessary.

I intended to live however, as long as under existing circumstances it seemed safe, and to resort to the use of it, only to prevent being caught in the ruins, in case I saw the house appeared likely to fall.

I had no desire whatever for death. On the contrary all my instincts repelled it. Many of my reflections in regard to it were extremely painful. But having been led to regard it as inevitable, I had determined to meet it with decent calmness and resolution.

I made all preparations with the utmost care. I wrote letters to my friends which I kept by me to be sent to their destination after my decease, and in which I referred to and defended my course.

But that Eternal Providence (shall I say it?) that so often "shapes our ends" interposed and averted the danger. Just when I had abandoned all hope of a release from the net-work of toils by which I was surrounded, the thought struck me, I know not how, that stimulants would help me.

I obtained some brandy which I took internally, and used the alcohol baths in water. To my astonishment and gratification, the huge cloud which had so long hung over me, nearly paralyzing all my faculties, lifted itself and dispersed in a few days.

I occasionally had slight returns of some of my old symptoms for a year or two afterward, but they were easily removed.

It has had one or two permanent effects. I think it has destroyed much of my natural hopefulness of disposition. I am not near so sanguine as I used to be, though I believe I gradually recovered much of this also. In other respects I notice very little change.

I have recorded this as an example of the effects of Aconite in repeated small doses, when those effects are left to accumulate in the system.

I do not suppose that during the whole time I used it, I took a single drop of the tincture.

My medical brethren may urge that as my health was not good when I began its use the symptoms recorded are not reliable. As there may be something in this I have nothing to say to it. I will only add that I think a careful study of the symptoms I experienced will show them to have been the logical effects of Aconite, most of them at least. S. A. MERRELL, M.D.

NOTES ON SPECIAL THERAPEUTICS.

BY E. M. HALE, M. D.

Gelsemium in Night Sweats.—Dr. Anderson in *Journal of Materia Medica*, confirms my experience that Gelsemium is one of our very best remedies in night sweats, especially those of *phthisis*. The same writer says: "Acute and chronic *gonorrhœa* is cured by Gelsemium alone with more certainty than by any other agent I have ever used. He uses drop doses of the mother tincture. In *intermittent fever* he considers it far better and more reliable than quinine.

Hydrate of Chloral in Acute Mania.—A woman had been without sleep for more than five minutes at a time for five weeks. She had had Opium and Morphia without benefit. After taking Hydrate Chloral 25 grains at bed time, in two ounces of water, for three consecutive nights, she completely recovered.—*Dr. Crawford, Med. Times and Gazette.*

Heart Symptoms Removed by Digitalis.—A middle aged man applied for relief for the following symptoms; intensely distressing sensation of faintness and *goneness* at the pit of the stomach; rapid, bounding, intermittent beating of the heart; *vertigo* when walking or rising; pulse 90, intermittent; and sleeplessness, with feeling of great anxiety at night. Digitalis one-tenth, ten drops every two hours, almost immediately gave relief, and in a few days he was quite well. This man had been treated for these symptoms for a month or more—by an allopath without the slightest benefit. HALE.

Heart Symptoms Cured by Aconite.—A young man complained of stitches at the apex of the heart, with pains extending to left arm; palpitation on moving. He had previously suffered from rheumatic pains all over, pulse intermittent, small and hard. Aconite 2d, a few doses removed all symptoms. HALE.

Chelidonium Majus in Headache.—A middle aged woman who had suffered for years from hepatic disorder, had since the birth of her child, six weeks since, a constant headache consisting of shooting pains in the occiput, extending through the ears, and shooting pains through the temples from side to side. She woke with it in the morning, it lasted all day, and she felt it when waking in the night. The light made her eyes burn and smart, the eyeballs ached and felt sore to the touch, she was constipated and had occasional nausea; temper irritable. Ten drops of the mother tincture *Chelidonium majus*, drank in half a glass of water at bedtime, only one dose, completely cured her. HALE.

Digitalis in Delirium Tremens.—A moderate drinker after "swearing off" for a few days, was attacked in the night with wild demonstrative delirium. He imagined he was not at home; saw innumerable strange objects on the bed, in the room; struck his wife and others; tore his clothes, etc., He was given Belladonna, Bryonia, and Stramonium without benefit for three days; not having a moment's sleep I gave 50 grains of Hydrate of Chloral but it had no effect; after waiting six hours, I gave 10

drops of a good tincture of Digitalis. The pulse was 100, full, soft, and compressible: in 15 minutes he went to sleep quietly, and slept 8 hours, woke rational and needed no more medicine.

HALE.

Verification of Stillingia symptoms in a case of Laryngitis.—

A young lady, after exerting her voice unusually, and catching cold came to me with the following symptoms:

Tickling in the larynx with loose cough.

A sensation of lameness in the cartilages of larynx and trachea.

Constriction in region of larynx.

A bruised sore feeling in cartilages of larynx.

These symptoms are all found in the pathogenesis of Stillingia published in transactions of American Institute, 1869: two drops of the 2d dilution every 3 hours relieved my patient of the symptoms in a day or two. Stillingia resembles Lachesis and Hepar sulphur in many respects, especially in its throat symptoms.

HALE.

Notes on Chloral.—Dr. P. S. Clouston, medical superintendent of the Cumberland and Westmoreland Asylum, thus sums up his experience, after having given the hydrate of chloral in forty cases of various forms of insanity:

“1. It has proved a most safe and certain sleep producer. It seems certain that by it we can compel sleep in any case.

“2. By means of this property, attacks of insanity may probably be warded off in some cases.

“3. Its action in abating and soothing excitement is more uncertain than its sleep-producing power, and lasts a shorter time than that of any signally powerful drug; but it is most valuable in certain cases, and especially in some recent and curable ones, where formerly we should have been afraid to give Opium.

It has no directly curative action, but it evidently could be so employed as to tide over short attacks of insanity, and to prevent certain cases from being sent to lunatic asylums.

“4. Whether it does good or not, it never does harm. In this respect it is the very king of all narcotics.

“5. Its effect on the temperature of the body is variable in different cases, and in the same case at different times; but generally it is to reduce the temperature slightly, taking the average of a

number of patients. It differs from opium in this respect, which raises the temperature; but the reduction caused by chloral is not nearly as great in maniacal excitement as that caused by alcohol in large doses.

“6. It should be given to subdue brain excitement in doses beginning at twenty or thirty grains, repeated from three to five hours. To produce sleep in great excitement from forty to sixty grains are required, the latter dose not failing in one per cent of the cases.—*British Medical Journal*.

Much additional testimony has been adduced as to the value of the hydrate of chloral in delirium tremens. According to the experience of the physicians of the Royal Infirmary, Edinburgh, Chloral seems in this disease “to be almost a curative agent—as in most cases.”

Notwithstanding violent excitement or delirium, it produces a sound sleep from which the patient frequently awakes sane and rational. In doses of forty or sixty grains, repeated every half hour, three or four times, a deep and lengthened sleep generally ensues. Although there are several exceptions, many most interesting and remarkable cases might be cited to prove the general rule.—*British Medical Journal*, April 30, 1870.

Mr. Maunder has employed it successfully at the London Hospital, in a case of furious delirium tremens in a woman. A dram dose was given, and within half an hour she was fast asleep, all maniacal symptoms being abolished for the time. The dose was repeated, with the effect of keeping her quiet, and at the date of the report she seemed quite rational.—*British Medical Journal*.

Remarks.—Taking the present testimony relative to the merits and safety of chloral we come to the conclusion that if circumstances require the homœopathic physician to give a sleep-producing remedy, or a drug which shall annihilate pain, that no known remedy compares with this new narcotic-anæsthetic. I have used it in many cases, and can truly say that where it has done no good, it has *done no harm*. It does not at all interfere with the action of our specific remedies.

HALE.

Miscellanea and Excerpta.

The Coating of the Tongue.—J. M. Da Costa, M. D., of Philadelphia (*Medical Diagnosis*), gives the subjoined variations of the coating of the tongue: In health the tongue has hardly a discernible lining; disease quickly gives it one. In inflammation of the respiratory textures, at the commencement of fevers, in disorders of large portions of the abdominal mucous tract, the epithelium accumulates, and the tongue has a loaded, whitish appearance. The coat is apt to be yellowish in disturbances of the liver, and of a brown or very dark hue when the blood is contaminated. But we must be very sure, in drawing our inferences, that the abnormal aspect be not due to the food partaken of, or to medicine. Its color is also modified by the character of the occupation. Thus, as Chambers asserts, there is a curious smooth, orange-tinted coating on the tongue of tea-tasters. A local cause sometimes give rise to a thick, opaque coat. For instance decayed teeth may produce a yellow sheathing on one side. Affections of the fauces also occasion a deep-yellow hue.

Again, some persons, even in health, wake up every morning with their tongues covered at the back with a heavy coating, which wears off during the day.

The Sewing Machine on the Health of Female operators.—Dr. Decaisne (*l'Union Medicale*), after a careful investigation of 661 female operatives upon the sewing machine, proves that these operatives are not, as has been pretended, more subject than other working-women to metrorrhagia, peritonitis, miscarriage, and leucorrhœa; and that the cases which have been reported are evidently simple coincidences, and the result of a labor too severe for the woman's strength.

As regards the machines with the women as motive agent, those with isochronous pedals should be preferred to those with alternate pedals; in this way the operator is guarded from any excitation.

Hair preparations.—Some time since the New York Metropolitan Board of Health directed its chemist, Prof. C. F. Chandler, of Columbia college, to examine scientifically and with chemical tests the various hair tonics, washes, cosmetics and other toilet preparations in general use, and to ascertain whether their ingredients are injurious or dangerous to those who use them. The report of these investigations, which the New York

papers for obvious reasons, to be found in their advertising columns, declined to print, has just been published, and contains much valuable information, with a sharp and peremptory warning to those who think to renew their youth or improve the work of their Maker, by the use of pernicious preparations and plausible poisons everywhere offered. Prof. Chandler collected his samples from the drug and toilet stores, of the same stock from which other customers are supplied, and his investigation includes some of the most familiarly known and generally advertised species. Of sixteen different preparations for restoring, coloring and increasing the hair, only one was found which did not contain lead, generally in the form of acetate or sugar of lead, and most all held it in solution and contained it in deposit of sediment. Hoyt's Hiawatha hair restorative is the only one of the sixteen which does not contain lead, in quantities ranging from 0.111 grains to 16.39 grains per fluid ounce, and this is no better, being a strongly impregnated solution of nitrate of silver, in the proportion of 4.78 grains per fluid ounce. Most of the sediment in the bottle consists of sulphur, which according to the directions is to be well shaken with the fluid mixture of lead, the intention being that the union of the two will produce the dark-colored sulphide of lead, or, as one of the manufacturers styles it, the original youthful beauty and color." The fluids of the preparations are usually some sulphurous compounds of ammonia, soda or other alkali, sufficiently powerful to retain the lead in solution and hardly less powerful than the poison they contain. The following tabular statement, containing many too familiar names, shows the comparative amount of lead in each preparation, though Prof. Chandler says he believes some contain animal or vegetable poisons, for which he made no special tests.

GRAINS OF LEAD IN ONE FLUID OUNCE.

Clark's distilled restorative for the hair.....	0.11
Chevalier's life for the hair.....	1.02
Circassian hair rejuvenator.....	2.71
Ayer's hair vigor.....	2.89
Prof. Wood's hair restorative.....	3.08
O'Brien's hair restorative.....	3.28
Gray's hair restorative.....	3.39
Phalon's vitality.....	4.69
Ring's vegetable ambrosia.....	5.00
Mrs. S. A. Allen's world's hair restorer.....	5.57
L. Knittels Indian hair tonique.....	6.29
Hall's vegetable Sicilian hair renewer.....	7.13
Dr. Tebbett's physiological hair regenerator.....	7.44
Martha Washington hair restorative.....	9.80
Singer's hair restorative.....	16.39

Probably these indisputable and convincing facts will not prevent or diminish perceptibly the use of these fatal and pernicious poisons, but their patrons and dupes will have no reason to complain nor ask for sympathy if, by-and-by, they have neither hair on their heads nor money in their pockets.

Of lotions or washes for the complexion, Prof. Chandler examined six of the commonest to be found in every drug store, and pronounces all, with the exception of "Perry's moth and freckle lotion," entirely free from lead or other injurious metal. Perry's lotion, however, makes up for the exemption of the others, as it contains mercury, corrosive sublimate, sulphate of zinc, lead and bismuth. Seven enamels for the skin were tested, all of which contain either carbonate of lime, oxide of zinc, or carbonate of lead suspended in water. "Hagan's Magnolia balm," for which ex-Congressman Demas Barnes is responsible, has 118.61 grains of oxide of zinc suspended in each fluid ounce; Phalon's "Snow-white enamel," 146.28 grains of lead, and his "Snow-white Oriental cream," 190.99 of the same metal. Mlle. Jouvin's "Eugenie's favorite," owes efficacy to 140.52 grains of carbonate of lead, suspended in each fluid ounce. The lime and zinc compounds Prof. Chandler pronounces "comparatively harmless, or harmless as any other white dirt when plastered over the skin to close the pores and prevent its healthy action," while on the other hand "the enamels composed of carbonate of lead are highly dangerous, and their use is very certain to produce disastrous results to those who patronize them." The white powders for the skin, of which quite a number were examined, are simply mixtures of carbonate of lime, with white clay and French chalk, without danger, except so far as they interfere with the healthy action of the skin, and very cheap and inexpensive preparations.

Medical Pomposity vs. Common Sense.—There are two forces operating at the present day in medical practice and literature, rendering one view of the profession ridiculous and disgusting, to both the sober, sensible public, and to the solid, scientific men of the practice, viz: An ostentatious parading, in private practice of *technical* terms and expressions, incomprehensible to the lay, with a view on the part of the user, of impressing upon the estimation, a show of wisdom and erudition, oftentimes, however, to the utter disgust of the patient, and scandal of the practitioner.

On the other hand, every tyro of the healing art, who is able to put together a few consecutive sentences of bad English and poorer classics, is ready to rush into type, either to please his own fancy of self assurance of what he has done or is able to do, regardless of any real scientific fact of practical information—or, to further his own selfish advancement by advertising his wares or himself as something especially worthy of consideration.

Thus we have at the present day a number of worthless journals and books of no practical importance to the profession, filled mostly with hypothetical nonsense, sophomorean disquisitions of day-dream theories.

It is one of the marks of genuine wisdom to know enough to

keep the mouth shut, and to only speak when you have something tangible and practicable to impart. Bombastic, selfish or mercenary ambition is always repugnant to a disingenuous mind.

Cicero in his oration in defense of the Poet Archias, hints at this ambition when he says: "*Ipsi philosophi, etiam illis libellis, quos de contemnenda gloria scribunt, nomen suum inscribunt: in eo ipso, in quo prædicationem nobilitatemque despiciunt, prædicari de ce, ac se nominari volunt.*"

This same affectation of being *learned* has thus extended to the lay, often to their mortification and discomfiture, as the following case in point illustrates:

A very urbane and popular practitioner and professor of our school in a flourishing city in one of the States, was very politely waited upon in his office, early one morning by a genteelly and richly dressed lady, who proceeded at once to communicate to him the nature of her affliction, "That she had a most excruciating pain, originating at the base of the *cerebellum*, and extending all the way down the *spine of the back*, and terminating in her *scrotum*," mistaking in her assumption of wisdom, *scrotum* for *sacrum*!!

FELIX.

Possible Duration of Pregnancy.—In the course of an action for damages for the seduction of a young woman, the question of the possibly protracted duration of gestation was raised. The alleged father had had no access to the mother of the child later than 301 days before its birth, and he naturally disputed his liability. Dr. Tanner deposed that the ordinary period was 270 to 280 days, but might be exceeded by two, three, or even four weeks. He thought there was no inconsistency in the present case (from April 15th to February 9th—that is, 301 days.) He had not known any case himself in which the ordinary period had been exceeded by a week, but he had no doubt there were such cases—he had heard of such. Mr. James F. Clarke deposed that there were such cases on record, extending over more than 301 days. Sir James Simpson had recorded a case of 301 days. Dr. Barnes deposed that the ordinary period was 271 days; he had known cases of 280 and of 285 days. He thought it very improbable, but did not like to say it was impossible, for gestation to extend over 301 days; it was so improbable that he did not believe it. Dr. Tyler Smith said that the longest period of excess he had known was a fortnight. Dr. Reid—a most accurate observer—had recorded forty-three cases of protraction, the longest of which was 300 days. Dr. Smith considered that case as reliable as any doubtful case could be. The verdict was for the plaintiff—damages, £200.—*British Medical Journal*.

Book Notices, etc.

THE HEARTH AND HOME for the Farm, Garden and Fireside. Published by Messrs Orange Judd & Co., New York City at \$3.00 per year, or with American Agriculturist \$4.00.

The number for October 15, contains a likeness of Admiral Farragut from a photograph by Fredricks; thoroughbred colts; Japanses plum; Ary Sheffer's first attempt; and a number of other good engravings. This journal was interesting before, but under the management of the energetic firm of Orange Judd & Co., it has improved already and will doubtless obtain a still larger amount of favor in American homes. E. A. L.

THE MEDICAL TIMES a semi-monthly journal of Medical and Surgical science. Published by Messrs J. B. Lippincott & Co., Philadelphia, at \$4.00 per year in advance.

The first number of this new semi-monthly, was published October 1st. It contains 16 pages of reading matter in briefer type, very neatly printed on tinted paper. Each number is to contain one or more original lectures. The present contains a clinical lecture on strangulated hernia by S. D. Gross, M. D., and a clinical lecture on a case of dilatation of the veins of the trunk and arms, by Alfred Stille, M. D., The other contributions are well prepared papers.

In a notice of "The present state of Therapeutics by Dr. J. Rodgers" on page 13 the reviewer says: "The argument of Dr. Rodgers' book is as follows: homœopathic treatment of disease is simply no treatment at all; acute diseases, treated homœopathically, yields better results than when treated in the orthodox manner: *therefore our orthodox treatment is mortal error.* (The italics are ours.—EDITOR.) This argument the editor of Medical Times criticises, but the fact remains that homœopathy in its results is better than allopathy. If we allow, for the sake of the argument merely, that the homœopathic treatment is no treatment at all, that it is *nothing*, but cures more than allopathy; then allopathy by its own confession, is *worse than nothing.*

E. A. L.

THE AMERICAN CHEMIST, a monthly journal of theoretical, and technical Chemistry published by Messrs William Baldwin & Co., 434 Broome Street New York, at \$5 per annum in advance.

A very welcome exchange. The October No. contains a large amount of matter of interest to physicians, as well as to those who are more directly devoted to chemical pursuits.

E. A. L.

THE AMERICAN ENTOMOLOGIST AND BOTANIST, published by Messrs. R. P. Study & Co., St. Louis, at \$2 per annum.

We have referred to this publication in commendatory terms heretofore, and very much regret to find an announcement that the publication will be suspended during the year 1871. Ill health of the editor appears to be the principal reason for temporary discontinuance. Our readers who feel favorable to the publication will do well to notify the publishers that they will desire it for 1872.

E. A. L.

COUGH REPERTORY, by B. Simmons M. D., Published by Thompson & Capper, Liverpool England.

A neatly printed repertory containing twenty-five pages, double columns. The basis has been Bonninghausen's cough chapter, to which has been added cough symptoms from Lippe's characteristics, and Bonninghausen's "Pocket Book" and "Hooping Cough."

RHUMATISM, GOUT AND SCIATICA, their comparative treatment under the old and new system by Dr. Vaughan-Hughes. London, Messrs. Henry Turner & Co.

An 8vo. pamphlet of 52 pages. The author gives in his introduction a very interesting account of his conversion from allopathy. His remarks on treatment and the reports of cases deserve an attentive perusal.

DR. T. S. HOYNE'S MATERIA MEDICA CARDS.

The first group containing Aconite; Belladonna; Bryonia; China; Nux vomica; Phosphorus; Rhus tox; Gelsemium and Veratrum viride, has been received.

Prof. Hoyne probably intends to make use of these cards in teaching Materia Medica to his class in the Hahnemann Medical College at Chicago; they will prove quite useful for this purpose, and may be consulted to advantage by many physicians.

E. A. L.

Surgical Department.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

Contusions and Wounds of the Abdomen.—Mr. Le Gro Clarke, in his lecture on the Principles of Surgical Diagnosis, now being published in the *British Medical Journal*, says:

In reviewing the observations which I have made on abdominal contusions and parietal wounds, they appear to me to justify the following conclusions:

1. Shock of the most profound character is often the consequence of simple contusion of the abdomen; and the intensity of the symptoms of collapse is no standard by which the nature of the injury can be determined.

2. The continuance of this state of collapse for two or three days is not necessarily conclusive as to the existence or otherwise of organic lesion.

Severe localized pain, and even general and continued abdominal tenderness, are not to be accepted as proof of organic injury, and are quite consistent with ultimate and even with early recovery.

4. Tympanitis and constipation, from temporary paralysis of the muscular coat of the bowels, are the consequence of shock or concussion of the cyclo-ganglionic nerve-centres.

5. Vomiting generally follows the severe forms of contusion of the abdomen, without reference to the part struck; it is sometimes persistent, but it is not a constant symptom.

6. Retention of urine is a common accompaniment of these injuries, and is usually attended by more or less insensibility to the presence of urine in the bladder.

7. Internal hæmorrhage, as a complicating circumstance, may occur in these injuries, without its presence being ascertained from the early symptoms; but a state of syncope, as distinguished from shock, especially if accompanied with local pain and

swelling, and dullness on percussion, may be regarded as highly probable evidence that internal hæmorrhage has occurred.

8. Penetrating wounds, especially with blunt instruments or missiles do not necessarily involve textural lesion of any viscus, but they are often fatal, nevertheless; primarily from shock or hæmorrhage, or the two combined, or secondarily from peritonitis.—*N. Y. Medical Journal*.

Urethral Stricture.—Prof. Mitscherlich uses the hair from horse-tail, by means of which he masters every case. Notwithstanding its superior fineness to that of the best bougies, this horse hair possesses an elasticity and a solidity sufficient to make one careful in its introduction lest he tear the walls of the canal or of the bladder. After having well oiled the urethra he introduces them the same as if they were bougies. The most narrow points have been passed by this method. M. Mitscherlich has even obtained consecutive dilatation of the strictured point by means of these same horse hairs, either uniting two, three, or more of them into a pencil by means of an elastic glue, and in such a manner as to form a regularly ascending scale, or, using the horse hair as a conductor, over which he passes hollow bougies open at each extremity. *Ann. de la Soc. Med. de Liege. Translation by Prof. John King in Eclectic Med. J., Oct., 1870.*

A Singular Case of Experimental Surgery and its Results.—A case has come to our knowledge, which, from the deplorable results connected with it, should be a warning to surgeons, teaching them to be more cautious, both in the use of instruments and chloroform.

A man had suffered several years from pain in the bladder, with frequent urination, vesical tenesmus, and the passage of blood.

He had been under the treatment of several physicians of both schools, but got no permanent relief. At last the suffering became so severe that it was determined to have a thorough examination. The trouble had been diagnosed as *gravel* by several physicians, but no positive proof had been shown.

A surgeon at one time introduced a metallic catheter and declared he found several stones in the bladder. The same surgeon at another time tried to introduce a sound, but failed to go further than the neck of the bladder after two hours of trial.

Sometime after this, another surgeon examined him while under the influence of chloroform. A sound was introduced and a thorough search made for stone, and he came to the conclusion that no calculi were present. A large quantity of water was then injected into the bladder, but it did not pass off, nor could it be drawn off!

A few hours afterward the patient was found with bloated abdomen; a continual but ineffectual desire to pass urine. A catheter was used but no urine could be drawn off. These symptoms increased in severity for three days, when he died. A *post mortem* revealed the following: Abdomen much distended with liquid in the peritoneal cavity: the bladder contracted to the size of a hen's egg; on its mucous surface were two or three large black spots, and several small red spots. At the side of one of the large black spots the sound had entered the peritoneal cavity, passing through the bladder, under the mucous membrane, through the muscular coat. No stone was found in the bladder.

When we consider that the man was probably profoundly under the influence of chloroform, so that he could manifest by no sign that the search with the sound was painful, it is no wonder that the bladder was punctured. Is it justifiable to anæsthetize a patient so thoroughly that an instrument may penetrate the vitals while he is unconscious?

We learn that legal proceedings have been commenced against the last surgeon—for manslaughter or malpractice—and the case will be tried soon. We hope to place before your readers the results of the trial.

VERITAS.

Chloroform and Ether.—In the *Chicago Medical Examiner* of May, Prof. E. Andrews, M. D., has a paper on the Relative Danger from Anæsthesia by Chloroform and by Ether, in which he gives statistics of 209,893 cases. These statistics are taken from hospital and private records, and, so far, may be deemed reliable. They, of course, cover but a very small per centage of all the cases of induced anæsthesia, nor do they comprise more than a small share of the recorded cases of death. These statistics, as they stand give 43 deaths out of 117,078 chloroformizations, or a ratio of 1 to 2,723; while from Ether, the deaths recorded are 4 in 92,815 administrations, or a ratio of one to 23,204. Of course no one will accept these conclusions as absolutely demonstrative, but it is evident, we think, from a study of the tables, that the

danger from Chloroform is relatively much greater than from Ether. Dr. Andrews records his belief that, in England and this country, probably not one fifth of the deaths occurring from anæsthesia are published. The data which we have at hand are not sufficient to warrant any exact approximation of this proportion, but we are sure that very many deaths from Chloroform are never made public. Our readers are already familiar with our views on the impropriety of the use of this anæsthetic.—*New York Medical Journal*,

Death from Chloroform—At Accrington, on the 19th ult., a young woman, named Susannah Horsfall, went to Dr. Millar's surgery to have some teeth extracted. The teeth were difficult to extract and Chloroform was administered. After having pulled out the third tooth Dr. Millar observed that the patient was dying, and life was soon extinct. She had had Chloroform a week before, but it did not take effect. From the report of the coroner's inquest, on the 21st, the Chloroform seems to have been properly exhibited after due precaution. The verdict of the jury was, "death from syncope, produced by a dose of Chloroform skillfully administered."—*Chemist and Druggist*.

"Dry Earth" Treatment of Wounds.—Dr. Addison Hewson of Philadelphia, says: "Eighteen months ago, I had under my care a most severe and complicated case of compound fracture of the leg, extending into the ankle joint. There were circumstances connected with the case which prevented the employment of splints, and the limb was kept at rest by means of sand-bags. The suppuration was most profuse, and the odor peculiarly offensive, in spite of the repeated application of Condyl's fluid. One evening not having at hand any sand to replace that which had become too offensive to remain, I filled the bags with earth taken from the garden, having first slightly dried it intending to replace it with sand the next day. On my visit next morning, I was struck with the absence of odor from the wound; and, during the remainder of the suppurative stage of the case, employed earth in the place of sand, changing the earth every three or four days, and with the best possible result." *Medical Archives*.

American Observer.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR.

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9. ADVERTISEMENTS should be sent by the tenth day of the preceding month. Transient advertisements must be accompanied by Cash, (One Dollar and a half for each hundred words.)

MEDICAL ETHICS—ADVERTISING.

In our July No. (page 342,) we held up in *contrast*, four cards or announcements. We asked which was forbidden by the Code of Ethics and which not? We did not suppose it was possible that any intelligent person could read these and not see that they were *compared for the purpose of showing how they differed*; yet the editor of the "British Monthly Homœopathic Review," (Oct. No., page 645,) actually appears to think that the publication was intended to be an argument that we had a right to publish our card, because Drs. Day and Pomeroy advertised as they did. No wonder, under such an illusion, that they deem the printing of Dr. Dudgeon's card from the directory "in such a connection, a piece of gross impertinence." For any one to take Dr. Dudgeon's announcement and Dr. Day's and place them side by side, and say they are "birds of a feather," would

be worse than impertinence; we should term it intolerable insolence. To contrast them, and shew them as opposites as we have done, for a good purpose, was correct and proper, and evinced not the slightest disrespect for the distinguished Dr. Dudgeon.

A letter on this subject from Dr. Dudgeon and some remarks by us will be found in our October number page 497.

On the baseless supposition that our reference to Dr. Dudgeon was impertinent, the editors appear to try how insulting they can be. They speak of "*busting*" (very refined English!) and the "*American Observer*," but while the *Observer* has more than *three times the circulation of the Review* such language is very foolish. The presumptions and probabilities contained in their article evince neither calm reason, knowledge of our practitioners, or the just discriminations that should have been exercised.

All physicians advertise: The English as well as the American. In some form they make it known to the people that they practice their profession. The most unobjectionable way of doing this is by a simple announcement containing (1.) Name (2.) Degree (3.) Residence (4.) Office hours. This may be, as practiced in the cities of the United States, neatly painted on a sign; or printed upon a card; or published in a newspaper. Such information, so communicated, is considered legitimate here, but not in Great Britain; (see "*American Observer*," current vol. p. 497) but a physician's card may be printed in the directory there, with name; residence; office hours; degrees and account of all the societies of which he may be a member, &c., &c., &c. If he publish by circular or advertisement, his residence, or mode of practice, he may be expelled from the British Homœopathic Society! If such a rule were adopted by our National and State Societies it would render liable to expulsion the Presidents of these Societies; the Professors in our Colleges; and our most worthy, and most distinguished practitioners. We make in this country as wide a distinction between a professional card, and a quackish advertisement as between merit and imposture. Why should not the Editors of the *British Homœopathic Review* do the same? *Is there not an essential difference?* We ask them to observe the discrimination of the American Institute of Homœopathy (Code of Ethics, Part II Art. I. §3.) which forbids advertisements that invite attention of persons affected by

particular diseases, or promising radical cures, etc., but says not a word against the circulation of a card, with mode of practice, or place of abode. In this respect, as in other things, we are certainly in advance of our British contemporaries.

Here is a man who advertises to "*cure neuralgia in five minutes; inflammatory rheumatism in 48 hours,*" etc., etc.; here is another who says he "*cures dyspepsia in all its forms,*" etc.; another who will "*warrant to restore the customary periods no matter from what cause suppressed,*" another who says his treatment is "*Homœopathic, Electro and Hydropathic, or any other pathy that will cure,*" etc., etc. Will the editors of the Review pretend to say that they believe that those who publish professional cards, and these advertising quacks "may be as like one another morally and intellectually as three peas ordinarily are physically, and very probably they are so." They will not say they believe so. Will they say then why they wrote as if they did? We suppose that when they gave vent to this pitiful ebullition of spleen they were not cool enough in brain to make any discernment at all approaching accuracy. When they are better acquainted with the facts they will learn to distinguish between things that differ, and will make far different estimates. E. A. L.

AMERICAN MEDICAL JOURNALISM.

The *Medical Record* "of Oct. 1, has an excellent editorial on this subject which we copy entire.

The general want of success of Medical Journalism in this country is, we are compelled to say, a fact. The profession has no cause to complain that it has not had periodicals enough, but that they have had, comparatively speaking, such a short existence. Of one hundred and twenty medical journals that have made their appearance within the last fifty years, fully one-half were discontinued within from six months to three years from the commencement of their publication. Of the remaining number twenty did not continue beyond five years, and of more than thirty now being published in this country, only thirteen have been in existence more than a single decade.

Comparing this experience in the establishment of journalism with that of other countries, we find that the instability is a peculiarity of our medical institutions. As such, however, it has its peculiar causes and explanations, intrinsic as well as extrinsic. To the former the principal burden of blame attaches itself, the truth being that the management of medical journals has not been what it should be. We make this assertion in full conviction that we ourselves are not infallible, and that in common with

others, there is much room for improvement. But this is by the way.

We hold in the first place that a journal of any kind that aims for popularity, should be conscientiously independent of every element or every influence save such as strictly serves the cause of truth. As a professional organ, it has eminently such a duty to perform, and in just so much as it does it, just in that proportion will its opinion be respected, and its reputation for probity earned. We believe that the majority of the journals have failed because they fell short of this requirement, by sacrificing their self-respect to cliquism, base puffery, to petty intrigues, and to the dictation of different medical schools. Not long ago a medical journal of this city, now extinct, claiming to be thoroughly independent, could not print a leading article unless the same was submitted beforehand to the approval of several prominent medical men, who would so often expunge certain statements of fact in fear of telling the plain truth, that when the article appeared in print its original writer could not recognize it as his. This was perhaps, explained on the score that such gentlemen were very heavy stockholders in the concern, and were determined to use the periodical in their interest alone. We should be sorry to know that any other journals now in existence are given to the same policy. It is so easy, however, to drift into partiality, that it is sometimes wonderful to suppose that any paper can be above the considerations which lead to it—just as we are sometimes amazed ourselves by contemplating a perfectly healthy body, against the usual chances for disease in any of its different organs. Colleges, cliques, and individuals are ever on the look out to ventilate private grievances, and seek the mean and petty revenge of covert vilification through the columns of the journal. They are apt to bring all sorts of influences to bear against the good intentions of the conductor of the magazine; and often, under the penalty of non-patronage, insidiously beguile him into the interests of trickery, puffery, hypocrisy, and lampoonery. There is a great deal said about the freedom of the press; but to reduce the assertion to an absolute fact, very few periodicals can be found who dare at all times, and under all circumstances to attack anything and everything that is wrong. And yet it is their bounden duty so to do, irrespective of the power of the parties concerned, the position they may hold, or the reputation they may have. A journal that calls itself strictly independent, is in the same relation to the medical profession as is an upright judge to the general community—neither has the moral right to betray the trust imposed.

Another inherent cause of failure is the lack of the requisite quantity and quality of contributions. When a journal is first started it is not difficult, on account of the prospective benefits, to the writer, of large circulation, to secure first-class contributions; but if the calculations of the editor do not go beyond the first

few issues, he has often to beg for many an article which at first he had no hesitation in refusing. The difficulty of obtaining original material when the issue of the journal is trimmed to suit its bona-fide subscription list is sometimes so great as to compel the necessity of wholesale reprints from its contemporaries. But the failure to fulfill promises for good reading is not chargeable so much to the lack of a disposition to do what is right, as to the difficulty, nay impossibility, of keeping the majority of the enlisted contributors to their promises. The mistake in the majority of cases is in the small number of the contributing corps, no calculations being made for contingencies. This has been particularly the case with journals in small towns, limited districts, or from particular medical schools. On the other hand, too, in large towns where the material for contributions is abundant, and where the contributors are very many, there is frequently so little disposition to write for periodicals that do not take a respectable stand, they starve in the midst of plenty.

We are led in this connection to speak of the general scarcity of medical writers in this country. In no other community of medical men is there such a lack of desire to impart information with the pen. There are many hundreds of good, thorough practitioners in our midst, who, with an experience of twenty years and over, have never written a word for a medical paper. Is it fair to presume of these gentlemen that their experiences have been worth nothing to themselves or others; that they have discovered nothing that might be added to the common stock of professional knowledge? If such be their excuse for not writing, we commiserate their stupidity, and deplore the number of years they have spent for naught. How much more useful would such be, if, instead of entering our profession, they had devoted their energies to some respectable trade! But this is, in truth, not the main reason why such gentlemen are silent. We are convinced that a goodly number would be tempted to contribute their quota to the current medical literature, if they were properly qualified by previous education so to do. Alas! to the chagrin of the profession of this country be it said, the number of those who have enjoyed the privileges of a necessary preliminary education is disproportionately small to those who have not. Then add to this number those who, being able, are too indolent to write, and need we look further for a good explanation of the paucity of good contributions to our current literature?

Lastly, we come to consider the extrinsic causes of non-success. These are mainly summed up under one head—the want of proper pecuniary patronage. Generally speaking, the subscription list of a medical paper is much below that of any other strictly scientific publication. This is by no means due to the small number of physicians who should be interested in its success, but rather to the lack of the cultivation of a habit of reading and study. Probably not one physician in ten really ima-

gines that he has any use for a medical journal, at least we can safely assert that not more than that proportion are supporters of our periodical literature. And yet we often hear such individuals denounce such publications as unworthy to represent the views of the profession. It, has, seemingly, never occurred to them that they might have it in their power to turn the tide in favor of the journals by adding to the number on the subscription list, and contributing to the excellence of the original departments. But these reformers deny us the very opportunities for improvement which would place us beyond the necessity of their criticisms.

IRIS IN SALIVATION.

The patient is a lady æt. about 30 nervo-sanguine. The disease was *Phlegmasia alba dolens* succeeding an abortion. Had been treated after the allopathic fashion by three physicians in succession. I treated the case, which presented the usual symptoms, with Acon. Bell. Puls. Ham. Rhus. and Ars. in the low attenuations.

Of these Arsenicum did the most good, checking the severe irregular chills, burning fever and other well known symptoms of this medicine. The swelling also abated; the usual severe *hepatic* complication, with dark offensive stools, was considerably relieved by Podophyllin and Leptandrin². But frequent relapses ensued in spite of all these remedies, and one symptom salivation, first of tough mucus hawked from the throat, which presented a dark appearance, and afterward a profuse watery discharge from the whole buccal cavity, existed from the first and was altogether unchecked. There was no pain or soreness or fever, only a clammy greasy sensation in the mouth with bilious coating on root of tongue. There was also lethargy, hunger with inability to eat, a general "bilious" condition, and constipation succeeding a profuse watery offensive (pancreatic?) diarrhœa.

There was slow articulation, the patient being unable to describe her symptoms, which were few, particularly the subjective. The salivation became more copious, I tried Mercurius then Dulcamara vainly. Then I read in Burt's book, IRIS v., "Salivation with profuse flow of saliva, gums and tongue, feel as though covered with a greasy substance. Lippe" I gave *Iris*,³ alone in water, then in pills three times, then once per day. The salivation immediately diminished, was soon cured, and as it departed

the relish for food came; patient more cheerful; talkative; improvement in all particulars till completely cured. The inevitable old lady with the long nose said she never would get well. There were the usual differences of opinion and excitement in the neighborhood. The case is a triumph for homœopathy, Iris versicolor, and yours truly,

G. STEVENSON

The use of Carbolic Acid.—The extensive use of this new therapeutic agent is shown by the following directions adopted in England: A dose is one grain in an ounce of water; as a gargle one or two grains to an ounce of water; as an injection, one grain to four ounces of water; as a lotion, fifteen grains to an ounce of water; as an ointment, thirty grains to an ounce of benzoated lard; as a liniment, one grain to twenty of olive oil; as a plaster, one part of carbolic acid to three of shellac. The crystallized acid to be used as a caustic, for abscesses, one part of acid to four of boiled linseed oil; antiseptic putty, six spoonful of the antiseptic oil mixed with common whiting; aqueous solution, one part of acid to forty of water. To disinfect sick rooms, place a portion of the dissolved acid in a porcelain dish and float it in a larger vessel of hot water. For disinfecting purposes generally, one pound of crystals to six gallons of water; fluid, one part to 80 of water; powder, one ounce of crystals with four pounds of slacked lime. For drains, one pound of acid to five gallons of warm water. Toothache is often cured with one drop of carbolate of glycerine: diarrhœa arrested in half an hour with two drops.

Bromide of Potassium.—Prof. John King says: The failure of this salt in epilepsy and other affections is due to its want of purity. Many of the unpleasant symptoms arising from its use are due to the presence of the iodide. Starch paper reveals the presence of the iodide by becoming colored blue; and if the bromide be impure, the bichloride of mercury or calomel will give a very fine red precipitate of the biniodide of mercury.

The Age at which Menstruation Commences.—Dr. Walter Rigden (*Lond. Obstetrical Trans.*) gives the subjoined statistic obtained from females who were confined at *University College Hospital*. In 2,696 cases menstruation occurred for the first time:

At the age of 9 in 3 cases.				At the age of 18 in 150 cases.			
"	"	10	" 14 "	"	"	19	" 76 "
"	"	11	" 60 "	"	"	20	" 29 "
"	"	12	" 170 "	"	"	21	" 7 "
"	"	13	" 353 "	"	"	22	" 3 "
"	"	14	" 560 "	"	"	23	" 2 "
"	"	15	" 540 "	"	"	24	" 0 "
"	"	16	" 455 "	"	"	25	" 0 "
"	"	17	" 272 "	"	"	26	" 2 "

It appears that it is most common at 14 years of age.

Correction Relative to Hahnemann Medical College of Chicago.
—We are authorized by the faculty of Hahnemann Medical College of Chicago, to say that the statement made in the September number of the Investigator—namely:—"that the chairs of Clinical Medicine and Surgery have both been dropped," is untrue. There was no distinct chair of Clinical Medicine in the College, and the chair of Surgery is held and filled by Prof. Danforth.

It was also stated in the same article that Dr. Duncan had resigned from the faculty. Dr. Duncan never was *in* the faculty. He was merely appointed by the Trustees a *Lecturer* on Infantile Diseases, without the knowledge or consent of the faculty. Such an appointment, by custom, only lasts through one term. No resignation was therefore necessary to end his connection with the College. This is the fifth time his "resignation" has been announced by the Investigator, and this is deemed by members of the faculty quite an unnecessary piece of information.

Scammon Hospital is open to receive patients, and lectures are now going on in the new building. The college opens with 50 scholars, 12 of whom are women.

OVARIAN ENLARGEMENT—KALI BROMIDUM.

Mrs. C—, æt. 38, an old patient of mine, asked me to attend her in her confinement, which she expected in January of the present year. This was in August, 1869. She mentioned that, while all the other signs of pregnancy were present, she was rather puzzled by the fact that her monthly periods recurred as usual, and were indeed rather profuse. She had consequently said nothing of her expectations till now, when her doubts were set at rest by her having quickened. As she had had several children before, I entertained no misgivings as to the correctness of her discernment; and merely determined in my own mind to look out for placenta prævia.

January came and went, but no baby appeared. I visited her. Her size was what might be expected; and she stated that she felt the movements of the child strongly, and had done so ever since the quickening. The periods had continued regular till now; and as under the circumstances, it was easy to be out in reckoning, I advised her to wait another month.

When, however, February had passed away, and all was as before, I recommended an examination. I found, as I expected, no fœtus; the womb was not enlarged at all. The abdomen was large, but not tense; and on palpation I found rising from the left iliac region a well-defined elastic tumor, yielding indistinct fluctuation. It was here she stated, that the movements were so plainly felt.

I stated my diagnosis,—ovarian enlargement, probably dropsical; and remembering Dr. Black's case in vol. xxvii of this Journal, prescribed *Kali bromidum*, a grain night and morning.

One interesting result followed almost immediately. In thirty-one hours, after the third dose of the medicine had been taken, the fancied "movements," which had lasted six months or more, ceased never to return. If the mental influence of the revelation of her real state had brought about this result, it would surely have done so more rapidly.

At the end of a week she thought there was a little diminution in her size. After a fortnight the decrease was unquestionable—she was an inch smaller round the center of the abdomen, and felt lighter. When a month had elapsed I examined again, and found every trace of the ovarian enlargement gone. But the abdomen, previously flabby, was now tense; and examination showed, by fluctuation and dulness on percussion, the presence of fluid. What had occurred? Had the ovarian cyst rapidly increased so as to fill the abdomen? I think not, for the fluid evidently lay loose in its cavity, and gravitated with the posture of the body. Had the cyst ruptured, and its contents escaped into the peritoneum? This is possible; but is hardly consistent with the gradual diminution in size and weight.

The interest of the case is now over. The subsequent treatment, embracing the use of *Apocynum*, *Apis*, and *Arsenicum* successively (as for ascites,) has resulted in an almost complete restoration of the natural bulk. The patient has now settled away from Brighton; so I cannot say whether any fluid is still present in the abdomen.—*British Jour. Homœopathy*.

The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

The Doctor will charge for it.—A sick man, slightly convalescing recently in conversation with a pious friend, who congratulated him upon his recovery, and asked him who his physician was, replied, "Dr. Jones brought me through." "No, no," said his friend, "God brought you out of your illness, not the doctor." "Well, may be he did, but I am certain the doctor will charge me for it."

Pleasing for the patient.—Two very eminent French physicians, Drs. Monneret, and Grizolle, were, the other day, at the sick bed of a patient. During the diagnosis they commenced quarreling about his disease. "I say it is typhoid fever," exclaimed one of them. "And I know it is not," replied the other. Unable to convince his colleague, Dr. Monneret finally exclaimed, "All right then; the *post mortem* examination, I am sure, will show that I was right." Fancy the feelings of the poor patient.

Any port in a storm.—A certain doctor was apt to quarrel with his wife. Returning from a professional visit, he was overtaken by a terrible storm. A return hearse came up, going homeward. The doctor crept in, with pall and plumes for his companions. The hearse stopped at the door; the lady looked out. "Who have you got there, coachman?" "The doctor, madam." "Well, thank heaven for granting me resignation! So the poor man has gone to his long home at last." "Thank you, my love," said the doctor, getting out of the hearse, "for your kind regards for my safety."

CATastrophe.—An *experimentum in corpore vile* is a familiar proceeding in science, but if the inferior animals could have their say, would probably be vigorously denounced. It may not be generally known that one of the first martyrs to the demonstration of the properties of chloroform, was the cat of a British hospital ship. In 1850, when the marvelous anæsthetic had been lately discovered, the ship *Alligator* was stationed at Hong Kong. The Surgeon of the vessel was enthusiastic in his praise of Sir JAMES SIMPSON'S addition to the pharmacopœia. When any man-of-war arrived whose medical officers had not received news of its wonderful properties, the order was immediately given, "Steward catch the cat." This unfortunate quadruped, having been duly rendered insensible, had a joint of

his tail amputated for the benefit of science. A series of such experiments had been made, and when, according to the Surgeon of the *Herald*, that vessel arrived from an Arctic expedition, the feline victim had but one joint left. This having been razed in the usual manner, the cat on coming to his senses "*cast one mournful look behind*, and immediately committed suicide by jumping out of the after gunroom port." The narrator adds, "This is literally a fact."

Chinese Doctor's Fee.—The regular charge is said to be eight cents, and—dear at that!

Inadmissible Hypothesis.—Mademoiselle Paurelle did not wish to play one night, and feigned sickness. The manager sent the physician attached to the theatre to see what was the matter. On his report *la belle* Paurelle was obliged to appear. During all the play the pretended sick one was continually uttering little cries as of acute pain. "Poor girl!" said a companion, "are you then, suffering so much?" "Oh, I am terribly sick." "What does the doctor say is the matter?" "Here is his report to the manager: 'The sickness of Mademoiselle Paurelle is an *inadmissible hypothesis*.' Oh how much it hurts me."

Unavoidable.—A Western paper concludes a long obituary notice with the announcement that "several deaths are unavoidably deferred."

Blot.—Professor Blot, the distinguished lecturer upon the arts of the *cuisine* is reported to be afflicted with dyspepsia. May not this be considered a *blot* upon his profession?

Personal.—"I see the villain in your face," said a Western Judge to an Irish prisoner. "May it please your worship," replied the prisoner, "that must be a personal reflection."

Ring It.—"I hope this hand is not counterfeit," said a lover, as he was toying with his sweetheart's fingers. "The best way to find it out is to ring it," was the neat reply.

Prescription not Followed.—"I am so glad to find you are better," said the famous surgeon John Hunter to Foote the actor—"You followed my prescription of course."

"Indeed I did not, doctor, for I should have broken my neck."

"Broken your neck!" exclaimed Hunter; "how is that?"

"Yes," said Foote "for I threw your prescription out of a three-story window."

Not so trifling.—A physician being called to a quack, expressed surprise at being sent for on account of such a slight illness. "Not so trifling," said the quack; "for, to tell you the truth, *I have by mistake taken some of my own pills*."

HOMŒOPATHY TRIUMPHANT.

DEAR FRIEND LODGE—San Francisco like most large cities has among its inhabitants all classes of society from the vilest and most abandoned to the most enlightened, pure, devoted and christian in character who delight to do good and to scatter blessings wherever they go. This state of affairs resulted about a year ago in the organization and erection of the *California Rescue Mission*, to which are invited "All women who have strayed from the paths of virtue, and now wish to return to a life of purity." The Institution so far has proved eminently successful, for a work of such noble charity never did exist with out a host of self-sacrificing friends; and such has proved to be the case with the "*Mission*."

Among the many charitable offerings, were the gratuitous services of a large number of physicians, generally allopaths and some of them seemed quite anxious to have their offerings accepted. Such charities however, are like salt in the porridge—just enough makes it good, but too much spoils it entirely. As it was not a case for the "doctors to decide," that duty of course devolved upon the charitable ladies having the institution in charge.

After thoroughly canvassing the matter, they decided unanimously to give the medical charge of the institution to the homœopathic applicant, and Dr. J. P. Dinsmore received the appointment.

As an evidence that the appointment proved eminently satisfactory, a special vote of thanks was recently passed by the board of managers, and tendered the doctor for satisfactory services rendered.

Such is the spirit of progress in this far western city, and I have no doubt that this little item will be interesting to a great many readers of the *Observer*.

Yours Truly, E. J. FRASER, M. D., 108 Stockton St.

PERSONAL.

Smith.—C. Carleton Smith, M. D., late Professor of Theory and Practice of Medicine in Hahnemann College, Chicago, has removed to Philadelphia to pursue the duties of his profession in that city. His address is 873 North Twentieth st.

Cooper.—Dr. Isaac Cooper has removed from Mullica Hill, Gloucester Co., N. J., to Frenchtown, Hunterdon Co., N. J. He says there is a good opening for a homœopath at Mullica Hill, a good country, only 16 miles from Philadelphia.

Bennett.—We regret to hear that Dr. D. M. Bennett, of Saginaw City, Michigan, has been very sick with a pulmonary affection.

Oak Grove Sanitarium.—The attention of physicians having patients to whom they recommend "water cure" treatment is directed to this institution which is devoted to the treatment of lady patients. It is pleasantly and healthfully situated in the neighborhood of Kenosha. It is far enough removed from Lake Michigan to avoid the chilly influence of its immediate shore and yet near enough to temper the summer heat. It is sufficient to add that they will be under the care of Prof. H. P. and Mrs. A. M. Gatchell, M. D.

LARYNGITIS CHRONICA SIMPLEX. Chronic Laryngitis or Chronic Sore Throat.

Translated from "*Die Chronischen Kehlkopfs--Krankheiten mit specieller Rücksicht auf Laryngoskopische Diagnostik etc. etc. etc.* (The Chronic Diseases of the Larynx, with special reference to Laryngoscopical Diagnosis) VON DR. ADELBERT TOBOLD, *Sanitätsrath und Docent an der Berliner Universität*, Translated by F. SEEGER M. D., of New York, with additional remarks on homœopathic clinical record in this disease.

Dr. Tobold in his clear and concise work, divides the affections of the mucous membrane of the larynx into three kinds viz:

Laryngitis chronica simplex, seu Catarrhalis laryngealis chronicus.

2d. *Laryngitis chronica gravis seu ulcerosa.*

3d. *Laryngitis tuberculosa seu Phthisis laryngealis.* It is the first of these which shall be the subject of the present translation.

Anatomico-pathological condition.—The simple chronic laryngeal catarrh (*Laryngitis chronica*) is based upon a more or less degree of hyperæmic stasis, softening and tumefaction of the mucous membrane generally, to which may be added, in cases of long duration, a thickening and even a hypertrophy of the mucous and sub-mucous textures. The long standing, high graded ancient cases show in addition the numerous mucous follicles enlarged and prominent (follicular granular laryngitis). The mucous membrane has a more dark, brownish appearance, produced by a deposition of pigment due to an ecchymotic process, and its surface is covered with a lustrous, glassy, or also with a yellowish, slimy, mattery secretion. Less often, however, the epithelium is denuded of its cilia.

Occasionally the epiglottis has become thickened in diameter and thus has lost in mobility. Often it has also taken on a deformed condition. Ossifications of the laryngeal cartilages are observed only in the more chronic, ancient cases, and are to be carefully distinguished from the so-called senile calcification of the laryngeal cartilages. Superficial ones in the form of the so-called catarrhal erosions, through degeneration of the mucous texture, caused by defects in the mucous membrane, belong to the less constant appearances, and are mostly found on the glottis

cartilaginea, the lig. ary. epiglotticis and the posterior laryngeal wall. The explanation lies partially in the mechanical effect of long continued movement and friction of the parts especially at the posterior wall, and partially through the presence at these places of a more copious, less dense mucous membrane, having a less provision of elastic fibre. The papillary excrescences occasionally met in long-standing cases of laryngitis present on their surface a considerable development of basement epithelium.

The presence of the so-called catarrhal ulcer in the simple chronic laryngeal catarrh (*laryngitis chronica simplex*) I would assert my disbelief in. In the cases in which they have been observed, according to all probability these are of specific origin, most probably of syphilitic nature, or from a more severe and higher graded form of laryngitis, to which ulcerative conditions are peculiar. I may clash here with the views of those authorities who treat these ulcers in general, with the exception of the dyseratic, under the heading of simple laryngeal catarrh. From a sharply drawn pathological point of view they may be right, as the follicular ulcer, so to speak, presents but a more advanced degree of catarrhal erosion, and more or less destruction of the numerous mucous glands of the laryngeal mucous membrane; yet from a practical, therapeutical and laryngoscopic diagnostic stand-point it will appear more rational, if we class the real ulcerations to a higher class of laryngitis, whether they present but a simple round loss of substance, or a confluent ulcerating and destructive condition. To a class, where the picture of the disease presents a wide diversion from the simple chronic catarrh; where the aggravated form presents itself clearly, and the therapeutical measures require to be of a more energetic and impressive character.

Symptomatology and Course.—As already remarked, the symptomatology gives us but a vague idea of the degree of the affection (the remarks of the author on this point occur in a chapter previous to that of the disease now being translated). Yet we must exert ourselves to define a clinical picture, and to place forth prominently those distinguishing characteristics of each, as either the one or the other of these symptoms, in the following laryngoscopic diagnosis, will find its explanation as well as the definition of its greater or less importance.

In the simple laryngitis there is often but a tormenting disagreeable sensation of pressure, and transient fugitive stretching in the larynx. There may also be, as in acute laryngitis, a feeling of sore tickling, or even of burning pain, which, through long continued speaking, inhalation of irritating vapors, and of raw, cold air, may become aggravated. Even the feeling of constriction and of choking, especially in delicate nervous ladies, is an occasional concomitant. A deep, veiled or hoarse voice in this form of inflammation is very often an accompaniment, most seldom, however, complete aphonia. But aphonia is not altogether absent in simple laryngitis, especially when there is considerable swelling of the ventricular ligaments, and in high-graded thickening of the vocal chords these latter do not take on the requisite tension or rather vibration; and when, in addition, tracheal and pharyngeal catarrh is present, in itself causing a disturbance of the ability to produce sound. In isolated cases the alteration of the voice is but slight in the morning but progressively becomes aggravated with the advance of the day to a considerable degree. The respiration is never interfered with unless obstructive growths, or an intense bronchitis be present. The sensation of sore or raw irritation incites to repeated hawking and expectoration. There may also be a light habitual cough present, and even ball-like, blood-tinged expectoration. Only in the higher graded forms of this inflammation does a violent cough with cramp-like paroxysms occur, to which an intercurrent acute catarrh may cause a decided aggravation. The general health is in general not much disturbed. As regards the course of the disease, unless a local treatment be put into requisition, its course is often most irregular, and the disease is more apt to gain than to disappear. If the patient keeps himself quiet the symptoms rather subside, yet often the most trivial causes produce a decided aggravation. In general, after longer or shorter duration under appropriate treatment a complete cure becomes established, without any organic disturbance in the vocal economy.

Ætiology.—The laryngitis chronica simplex is pre-eminently a disease of the middle-aged; is more often met in males than in females, and is seldom observed in children. Acute, more or less neglected catarrh, repeated colds, especially of the feet and throat persistent irritating agents acting in larynx, as when remaining long in a dusty or with other irritating substances, impregnated

atmosphere, and by persistent continued speaking or screaming, whereby the forcibly driven column of air in its passage through the glottis causes strong friction,—these are most often the causative conditions. It is, therefore, pre-eminently a disease most met in weavers, stone-cutters, millers, laborers in tobacco factories, criers, singers and public speakers. However, there are others in addition who become affected with chronic laryngitis, and where the cause is not to be found in any of those above, enumerated; therefore we must not overlook the fact that a great many cases of laryngitis date their starting-point in a previously obtained fauceal or pharyngeal catarrh, and are to be regarded as a continuation of the disease into the laryngeal mucous membrane. We find, therefore, not unseldom, that inhabitants of unfavorably located localities, in spite of all care and avoidance of the enumerated irritatives, are more liable almost as a rule, especially in the fall and winter, to be affected with pharyngeal and laryngeal catarrh. Additional irritative agents acting upon the pharynx and a portion of the laryngeal mucous membrane through direct contact, are found in excessive use of locally irritating articles of diet and drinks. The laryngitis chronica is therefore in debauchees and drunkards a pretty constant appearance, which makes itself known through a peculiar form of hoarseness (*Raucedo potatorum*), and which owes its origin in most of the cases to the preceding affection of the pharynx and fauces. The view expressed by Stokes and adopted by a few authorities, that a chronic enlargement and elongation of the uvula may be the mechanical cause inciting a progressing inflammatory condition, by constantly irritating the base of the tongue, is with difficulty admitted. It is sooner admitted that the elongated uvula is a product of angina faucium than that it is cause of laryngitis. This may in part be substantiated, that in spite of a decapitated uvula (clipping of the elongated palate), not the least improvement of the laryngitis takes place. We perform this operation, as a rule, only to free the patients of the troublesome irritative, tickling sensation caused by the contact of the uvula with the root of the tongue. Lastly, I would mention that morbid growths in the laryngeal cavity may furnish the cause of the chronic laryngitis.

Laryngoscopic Diagnosis.—The auscultatory and palpatory diagnosis of the larynx we may pass over since the laryngoscopic

examination furnishes a positive means of diagnosis even in the most difficult cases. We see in the simple chronic laryngitis, in comparison to the acute laryngitis, a more deep red, at times a dirty blue red or brownish color and velvet-like softening of the mucous membrane in general, or of isolated parts. The mucous membrane shows itself moderately thickened and uneven, this latter produced through enlargement of the mucous follicles. The sub-mucous membrane is also, in this inflammatory state, often involved, and appears then also thickened and hypertrophied. In fewer cases we observe papillary growths and mucous polypi on the posterior larynx wall, or springing forth from under the ventricles. The thickening of the sub-mucous and mucous membrane becomes often so great that the Morgagnian ventricles disappear to the eye, and the vocal chords on phonation seem fully covered, or display but a small seam, and the appearance presented by the contact of the hypertrophied ventricular ligaments and of the ary-epiglottic fold remind of a closed nymphæ. Also the posterior laryngeal wall tends to hypertrophy, so that even on the deepest inspiration, therefore on the widest separation, the arytenoid cartilages may take on a semilunar convexity.

As regards the particular color of the vocal chords, we find that this varies from the lightest rosy red to the deepest dark red. Also at times but one vocal chord shows an evident reddening and thickening, which also applies to the ventricles. Occasionally we observe on an otherwise normally colored white ground only isolated straight or tortuous running injected vessels or ecchymotic spots. At times we see only the edge of the vocal chords, the commencement of the Morgagnian ventricles, or at the point of union of the ligaments or chords at the angle of the thyroid, or only the posterior part, lying at the glottis cartilaginea, reddened. The hypertrophy of the vocal ligaments is recognized by their thickening, and unevenness and prominence. In addition, there is often displayed a marked interference in the action of the arytenoid cartilage, and a flabbiness of the vocal chords on phonation. The mucous membrane of the epiglottis partakes more or less constantly in the inflammatory condition. Most often the posterior surface is reddened, while the front, especially in elder people, presents a strongly developed distinguishable venous network. Also deformed conditions of the epiglottis, after long existing laryngitis, belong to the not unsel-

dom appearances. Cases are also observed in which, even with considerable inflammation of the ventricles, the ligam.-epiglottica the arytenoid cartilage, together with the entire posterior larynx wall, the vocal chords, however, remain altogether unaffected, and of a beautiful white color; a phenomenon which is especially apt to occur in females.

The secretion is in many cases unimportant, and in such cases resembles fine froth; mostly however, is is sticky, tenacious and stringy, and locates itself preferably in the cavernous places or formations, from where, on inspiration, it is drawn out thread-like; on phonation, however, it forms into little balls between the vocal chords, and causes a rattling tone. If the trachea participate in the inflammatory condition, then we observe on deep inspiration a high degree of redness of the tracheal mucous membrane, to which here and there tenacious little lumps of mucous adhere.

Prognosis.—This in general may be termed favorable, even though the affection presents itself of long standing, and may, through new irritating causes and locally acting bad influences, be drawn out for a long time. If considerable hypertrophy of single parts have formed itself, especially anatomical changes, which rest in consolidation of the submucous texture, then a full restoration is not to be expected. To this belong all these cases of hypertrophy of the one or other of the ventricular ligaments (both are seldom involved to a high grade at the same time). Under these conditions, the least cold or exertion superadds an acute swelling of the mucous membrane, whereby the already impure voice becomes totally hoarse. Grave symptoms will only appear when the already *present* mucous excrescences, growths or new formations, take on an acute hyperæmic swelling, a process which, strictly defined, belongs not to laryngitis, but under the heading of new growths, and under which heading will be found the further course and treatment of this process.

Therapeutics.—Ere we proceed to the special therapeutics a short consideration of the prophylactic may be allowed. As strongly as I recommend the hardening of the throat through cold washings, etc., as little, on the other hand, can I agree with the popular idea of leaving the neck exposed to the influences of cold air, as the resisting power of the mucous membrane to atmospheric changes, according to the individuality, is divergent, and the majority of persons easily tend to have pharyngeal ca-

tarrh, which often only then receive attention after the local affection has spread to the larynx. Irritable individuals will do well, therefore, to regulate themselves according to the weather, and to pay special attention to keeping the body warm, but particularly so the neck, chest and the feet.

When the countless methods for the cure of laryngitis are taken into thought, it becomes plain that they should be subjected to a careful sifting. Often the patients have gone through the entire catalogue, without gaining any positive and permanent result. It is plainly time that the importance of the diseased organ be borne in mind, that from the therapeutics may be eliminated all the useless and superfluous, and the importance of the local treatment under guidance of the laryngoscopic mirror, for which the most undoubted proofs are before us, be placed in the foreground. We will next take up the general dietetic regimen, next the special medical, and lastly the direct local treatment.

Dietetic management of the patient.—In the lighter, not too long standing forms of the chronic laryngitis, rest of the organ, with otherwise suitable hygienic measures, is often in itself sufficient. The indulgence and care of the vocal organ must, in fact in all cases, and especially in the female sex, be laid down as a *conditio sine qua non*. It constitutes the essential adjuvant in every general as well as a local treatment. The larynx, with its internal arrangement, is a too tender and flexible organ, that it should remain unaffected, when already morbidly affected, by mechanical influences, and this is most markedly the fact. We should therefore, insist upon it with all earnestness, that the patient avoid all loud speaking and singing, and that the patient in cold threatening atmospheric conditions refrain from going into the open air and especially that he avoid speaking if he does go out. Very irritable, impressible individuals may with benefit provide themselves with a respirator, and wear a flannel jacket or like protection on the body, especially if they perspire easily. Workmen, who are subjected to a prejudicial air, impregnated with dust or irritating chemicals, must choose some occupation which permits the presence of a healthy, not too dry, sooner moist atmospherical surrounding. In weakly patients, the diet is with a view to the enrichment of the blood, nourishing, whereby, however all irritants of the mucous membrane, spicy and very sour aliments, especially, however, heating, congestion-producing

drinks as spirituous and heavy beer, are to be carefully excluded. Herewith is the accompanying evil result, accompanying beer drinking in the saloons, namely, the remaining in an atmosphere heavily laden with tobacco smoke, to be strictly forbidden. The persistent inhalation of the tobacco smoke acts without the least doubt much more prejudicially on the mucous membrane than individual smoking does. I permit, therefore, unhesitatingly, a moderate indulgence in smoking, when not otherwise contra-indicated, as I have never observed any observable disturbance, either subjectively or objectively, resulting. As appropriate articles of drink, milk, cocoa, soda water, alone or with milk. (In Germany, soda-water is drunk with milk. The milk is warmed, and an equal quantity of soda-water added. This must be drunk immediately. Seltzer-water is also drunk in this way.—(*Translator.*) Red wine, with sugar and water, recommend themselves.

Among the so-called dietetic home remedies, benefit is occasionally derived from drinking warm water in the morning, and also the use of Herring's milk. A complete cure however, is a little to be awaited under these agents, as from the much vaunted people's remedy, and of physicians too, viz., the cold water enveloping of the neck. They may passingly modify the symptoms but a complete cure is seldom, as inspection daily teaches, brought about.

We now come to the description of:

LARYNGITIS CHRONICA GRAVIS SEU ULCEROSA.

Before proceeding with the translation of Prof. Tobold's description, the translator would state that instead of describing the treatment of Tobold as he gives it with each form of the disease, it has been thought best to bring this in at the close. Reasons for this will subsequently appear.

Anatomico — pathological condition. — The mucous membranes show considerable loss of consistency, at the same time that there is marked swelling and thickening of the sub-mucous connective tissue. The ulcerations characterize themselves, accordingly as they are mucous or follicular ulcerations, through the divergence in the pathological process. The mucous or catarrhal ulcerations originate in the destruction or dissolution of inflamed mucous membrane. They begin with shallow or superficial erosions, remain mostly isolated, and do not penetrate to any depth. Follicular ulcerations on the other hand begin

with softening of the mucous membrane over the swollen and infiltrated follicle which after its suppurative consumption leaves a deep, occasionally crater like, mostly isolated ulcer, with a raised or thin and loose edge of mucous membrane. After cicatrization it shows a slightly perceptible, somewhat glistening but not radiating cicatrix; the process by which cicatrization is effected consists of the growth of the edge of the mucous membrane toward the center where it finally unites with the central newly formed dense cellular tissue. Both forms of ulceration develop themselves preferably on the lig. ary-epiglottica, on the ventricular cords and on the epiglottal surface more or less extensively. The vocal chords on their upper surface are seldom affected, as this portion is free of follicles or glands; they are affected more so however at their anterior and posterior ends, as also their under surface, which have an acinitic, follicular formation pre-disposing it to such involvements. Momentous destruction, however, is seldom brought about, either by catarrhal or follicular ulceration.

The aphthous, variolous and typhous laryngeal ulcerations being acute processes do not belong to the category under consideration.

Symptomatology and Course.—The symptoms in this form of laryngeal affection present much similarity to those of Laryngitis chronica simplex, generally however in a much more marked degree. Palpation, compression and lateral pressure of the larynx is in this disease painful to the patient. Coughing and speaking cause, in long standing cases, a violent sensation of pain. Respiration causes a peculiar resonant, deep, rough sound. Deglutition, especially if there be also strong pharyngeal catarrh or ulceration of the fauces present, is difficult. If the epiglottis is also involved, regurgitation of drink through the nose is the result. The expectoration is muco-purulent, not unseldom mixed with bloody substances.

THE SENSATIONS OF DROWNING.

BY LILLIAN GILBERT BROWNE.*

Almost every one fancies he has a clear conception of the sensations of persons who have narrowly escaped drowning. This is a subject in which nearly everybody takes a personal interest, either because he has known some one who has perished in that way, or because he thinks he himself may be in danger of drowning some time. He is apt to believe he should be exceedingly calm, facing the peril with steady nerves; but, in ninety cases out of a hundred, the peril is so sudden and unexpected that he has no time to prepare himself. He must act on the spur of the moment, or not at all. He imagines, if beyond his depth and unable to swim, that he would immediately turn upon his back, close his mouth, keep his nostrils above the surface, and float about until necessary help came. This is excellent in theory—insures a charming little sail on the water, in which you are your own boat, sails, and crew, until somebody acts as pilot to your craft by guiding you in safety to the shore.

Facts, however, are quite different from this consoling fancy. In the first place, all of us are prone to act from instinct, not reflection, in the presence of any great danger; and instinct tells us as soon as we sink to struggle with the water for air. The loss of air is the first terrible sensation. Deprived of the usual amount of oxygen, we naturally open the mouth; then of course the lungs fill with water, and, if help be not immediate, we are certain to be drowned. Very few people have presence of mind enough to shut their mouth tight and hold in their breath, though it is essential. If one remembers to do so, he becomes a kind of air-cushion; and his chances for life are greatly increased. Many persons have not the power to turn themselves upon their backs, because of intense fright, and consequent weakness of the muscles—for no sensation acts on the muscles so soon as fear; and of the few who succeed it is rare that one is able to keep himself afloat.

I am confident the popular notion that any person can float upon his back for any length of time, without moving hand or foot, is altogether erroneous. I am sure from my own experience as well as from what I have been told by practiced swimmers, that such an attempt to float would meet with signal failure

* The Independent,

Drowning is said to be one of the easiest modes of quitting this world; and yet most people have an horror of death in that form. Many won't admit it; but the fact that they avoid going upon the water when there is no danger of sea-sickness or of accident seems to prove that the fear exists. Hundreds of men and women who long to visit Europe, are deterred from going, through their dread of crossing the sea. This is an unreasoning and an unreasonable fear; for in many instances the water is quite as safe as, if not safer than the land. The dread of drowning is often ineradicable appears from the character of those who suffer from it. I once knew a gentleman of great personal courage who declined to join a party of friends on the little lake in the Central Park because of his horror of being drowned.

A lady whose life had been rendered more desolate than human life often is, and who frequently said death would be a priceless boon, once told me that rather than be drowned she would live a thousand years.

I have myself always had the intensest terror of drowning, though exceeding fond of being both on and in the water; it seems as if that way out of life were so much longer and drearier than any other. Again and again I have waked from dreaming of such a fate, to find myself in a cold perspiration while my pulses throbbed feverishly.

My dreams seemed so much like a foreshadowing of the future that I had rather made up my mind that I should perish after the manner of Ophelia. Still I did not refrain from sailing and bathing at all convenient seasons, regarding myself perhaps as incapable of escaping my destiny as if I had been Electra or Antigone. Several times I was caught in squalls, where the opportunity was excellent for dying in the predestined way; and yet I reached land without accident. That did not convince me, however, that water was not my mortal element. What we anticipate at any particular time rarely happens then. It comes, if at all, when unexpected.

Two summers ago, at Long Branch, I went into the surf with a friend, who was of so amphibious a nature that I felt as safe with him in the sea as if I had been on the piazza of the Continental. The breakers were unusually high and the undercurrent stronger than common. In spite of all the efforts I had made, I had no more capacity to swim than an anvil has. But my companion, I thought, could swim enough for both of us;

and so I allowed him to take me out far beyond my depth. He buoyed me up so that every wave, which would otherwise have broken over my head, dashed across my shoulders, and sometimes into my face.

All my old fear was gone. I seemed to be transformed from a timid, terrestrial creature to a lorn naiad, reveling in her native element. The surf, the sea, and everything connected with it was so very pleasant that I wondered I could ever have had any dread in or of the water. I had just come to the conclusion that I had undergone a great change of mind, if not of heart, when instead of being buoyed up above the breakers, as they rolled and roared magnificently around me, a sudden darkness fell upon me, and I felt the ocean rushing like a mighty torrent over my head.

My terror was extreme. I could not imagine what had happened. I knew I was in the sea; but I fancied I must have been carried far out on some treacherous wave, beyond the reach of rescue or of hope. I seemed to be going down like a plummet and still the sea rolled and roared in my ears. I forgot all about my protector and my friend, in whom, a moment before, I had felt such implicit faith. I lost consciousness of time and circumstance. What had been the present was completely blotted out. I had but one thought and one feeling—that of the vast and cruel, the inexorable and overwhelming sea.

Every moment seemed an hour, and all the while I had the sensation of going down, down, down, as if I were shooting through the deep. I had a vague notion that I must soon reach the bottom of the ocean, though when or how or where was chaos to my mind. I experienced no physical suffering; and yet I was conscious of an overmastering mental terror, as if I were rushing upon annihilation—simply that, and nothing more. For the first time in all my life annihilation appeared dreadful; and any phase of existence, however wretched, preferable in comparison.

In an instant a change came. As suddenly as the terror had had descended upon me from a state of entire satisfaction, the terror vanished, and was succeeded by a feeling of perfect rest, which soon grew into a sort of negative ecstasy. I cared for nothing, wanted nothing but to be exactly as I was. I seemed floating in an emerald atmosphere, and, as if by magic, all my life passed before me like a panorama. I was a spectator of my own

external being. Everything from my early childhood to girlhood, with all their little incidents—my schoolmates, relatives, and friends—filed before me as in a shifting picture.

I was as much outside of it all as if I had been witnessing an acted drama, founded on the history of my uneventful life. I took a profound interest in every trifle; and though endowed, it may be supposed, with the gift of prescience, I felt great curiosity to see what I knew would be. I was amused, instructed, and delighted at the same time, and it occurred to me that if this was eternity I was blessed indeed.

While I was lapped in this condition of what I might call thrilling repose, I felt myself lifted up, and the great world of water, where I seemed to have dwelt so long, fell hastily away. The green atmosphere was gone. Again the sunlight, which I fancied I had not seen for years, streamed down upon me; and the familiar beach, with the bathing-houses, the bathers, and all the old scene, returned.

“What has happened? Where am I?” I questioned. And a voice I knew very well inquired: “Are you strangled?”

Without knowing what I was saying, I answered: “Yes.”

A low laugh, indicated a great sense of relief, greeting my ear, and in a few seconds I was carried to the shore.

My friend told me that a very large wave had carried him down while he was holding me up, and being followed by others, it was some little time before he could swim forward to place me beyond the reach of danger.

“How long was I under the water, then?” I asked.

“About thirty seconds, I should think.”

It seemed to me like thirty years.

Suicidal Mania—Drowning.—According to statistics, the favorite method of suicide among women is by suffocation; and of the two, they prefer drowning to hanging. Maria Kelly, of St. Joseph, had made this selection, and on the 20th inst., sought a “watery grave” by jumping from a pier into the Missouri River. She was saved by circumstances and two men. There was less than four feet of water around the piles, and to find drowning depth she would have had to wade out at least 100 yards in ice-water. Under the discouragements of the situation she accepted assistance, and was helped ashore. Since recovering from a chill consequent upon her attempt, she thinks she will not be tired of life again in cold weather.

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK, EDITOR.

WHAT RELATION HAS HÆMOPTÆ TO TUBERCULOSIS PULMONUM.

BY PROF. SKODA, IN VIENNA.

Translated from Monatsblatt A. H. Z. Sept. 1870

Prof. Niemeyer has lately given a different explanation of hæmoptæ, than was the case formerly. He derivates the consequent morbid state from the hæmoptæ, saying: that the blood, remaining in the alocoli and bronchi after a hæmoptæ, causes a chronic inflammation and thus fever and phthisis. "If then the blood remaining in the finest bronchi and alocoli would possess such an inflammatory action, to produce such effects, it certainly should be also the case in hæmorrhages during cardiac diseases, where nothing of the kind is observed. When hæmoptæ takes place in individuals, suffering from phthisis and death follows, either on account of the hæmoptæ or soon afterward, as a rule we do not find a vestige of the accumulated blood either in the bronchi or in the alocoli, but we do find hæmorrhagic foci in the lungs, when death takes place during cardiac diseases in consequence of hæmorrhage, and the question arises, does such an infarct cause a chronic inflammation? We have not observed it. On the spot, where the blood is accumulated, a slight reaction arises, having only the effect, that the blood passes through the usual changes; it coagulates, becomes encysted, forms so-called infarcts, but suppuration never sets in. Such an hæmorrhagic infarct may remain for months and for years, and even entirely disappear after a while. The blood globules enter into such changes, that the black pigment developes itself, and finally fatty degeneration takes place. The fluid substances, which were secreted, are resorbed, the black pigment

remains and when the hæmorrhagic infarct exists for a long while, we find such black spots in the lungs. I again affirm, that hæmorrhagic infarct in tuberculous individuals is very rare, and we have only to examine such cases, where the hæmorrhage is followed by death; as a demurrer might be set up, that when death happens a long time after the hæmorrhage, that the blood has become so changed by the disease and by the chronic inflammation, that we do not perceive it any more. But if death set in during, or soon after a hæmoptæ, we ought to find a collection of blood, if the hæmorrhagic infarct was really proved. According to our observations on the living and the dead it is more than probable, that the hæmoptæ in tuberculosis before and during its development, comes especially from the bronchial mucous membrane and not from the alocoli. If the bleeding would arise from the alocoli, it would be hard to explain, why we find so seldom hæmorrhagic infarcts, but if the bleeding comes from the bronchial mucous membrane, the blood will be expelled by coughing. When death sets in during such a hæmorrhage, we find blood mostly in the bronchi, larynx and trachea, for the blood has been pushed forward by coughing and retraction of the bronchi and thus evacuated, and I do not adopt the view, that the hæmoptæ is the cause of the severity of the case, which might be in cases, where the bleeding takes place in tissues already diseased, especially from cavities; there blood may remain and it is possible, that it may aid in producing a stronger irritation, although blood is not a fluid, which acts very irritatingly on tissues. A traumatic hæmorrhage in the sub-cutaneous connective tissue never produces severe states of irritation, but is usually quickly absorbed, neither does hæmorrhage in consequence of cardiac disease produce any reaction in the lungs; we have, therefore, no right to assume, that the blood is only an irritating object for the further development of morbid manifestations in persons of tuberculous habit. Hæmoptæ is only of importance as that symptom, which indicates an already morbid state of the lung in its progress to further development. We well know that the disease, forming itself in consequence of the hæmoptæ, runs a far different course from inflammations. Admitting that a chronic inflammation may also be greatly protracted, still its destructions are not the same as in tuberculosis. When in consequence of an acute pneumonia inflammatory products remain, we have only a chronic pneumonia, the products

of which show different relations from those we usually call tuberculosis; the former may exist for months and for years, without producing pulmonary destruction, whereas in infiltrations of tuberculous lungs a short time suffices, to produce cavities. There is a vast difference between these two diseases. Hæmoptœ is therefore not the cause of the consequent morbid state of the lungs, it is only a symptom of the morbid processes, which in their further development show themselves as tuberculosis. Hæmoptœ may also arise from other causes, especially from cardiac diseases, and the lungs may not become at all diseased, although an hæmorrhagic infarct remains. We find therefore some cases of hæmoptœ, not caused by cardiac affections nor by pulmonary affections, where the bleeding is frequently repeated during life, without the lungs becoming severely diseased, but such cases are rare and may arise, when the tuberculosis remain limited to a small place, which never fully returns to its nominal state, and where hæmorrhage from time to time sets in. Other cases of hæmoptœ arise, when there are in the lungs dilated capillary vessels and veins. Such a metamorphosis in the substance of the lung may produce severe paroxysms of coughing of blood, and hæmoptœ may frequently be repeated without ever showing the least symptom of tuberculosis for as soon as the bleeding ceases, such a person is well again except the debility, consequent upon the loss of blood. S. L.

COTTON AS A SUBSTITUTE FOR LINT.

Prof. Bruns, of Tübingen, has used for several years, cotton instead of lint in all suppurating wounds. Cotton contains naturally a fatty substance, which has to be removed before we are able to use it. The raw cotton is therefore boiled for an hour in water, containing 4 to 5 per cent. soda, or some wood ashes, then fully washed out in clear water, all the water then pressed out, dried in the air and lastly divided in fine threads. Such cotton, deprived of its oily substances, feels rougher, than the raw material and gives a uniform, loose and soft material for bandages, which can be made everywhere and at a small expense.—*Med. Neuigk.* 1870, 19.

EFFECTS OF THE CHASSEPOT GUN.

Sarazin (Gaz. de Strasburg 18, 1867) hung up a cadaver by the neck and fired five shots at it at a distance of 15 metres. The first shot produced considerable crushing of the os ilei in the course of the projectile with dispersion of the splinters on all sides. The second shot produced a fracture of the femur toward the anterior, superior and interior part of the condylus internus. The projectile hit the bone four centimetres above the articular surface, where the loss of substance was found, so that the finger could penetrate it; the bone was split in five or six large fragments, from the joint about 13 centimetres upward. The third shot hit the soft parts on the top of Scarpa's triangle and wounded blood-vessels. The fourth shot hit the joints of the hands, broke the lower end of the radius, opened the joint and tore several sinews. At the fifth shot the projectile entered about a finger's breadth below the (left?) proc. coracoideus and came out on the right side in the median line. Arteries and veins were torn, a comminutive fracture of the 2d and 3d rib existed, a large wound in the lungs, crushing of the posterior are of the 2d, 3d, 4th and 5th vertebra, tearing of the spinal marrow without any lesion of the membranes.

From these experiments Sarazin draws the following conclusions: 1st. The projectile of the Chassepot, fired at a short distance, does not deviate from its direction. 2d. The diameter at its point of entrance is exactly the same, as that of the projectile. 3d. Whereas the point of exit is very large, and mostly larger than the projectile (confirmed by the German surgeons). 4th. Arteries and veins are divided in a transverse direction and retract, and the muscles are torn and crushed. 5th. Fractures show an extent out of all proportion to the dimensions of the gun.

Legouet (Gaz. hebdom. vi. 10) puts the destructiveness of the gun to the construction of the ball, especially to its cylindro-conical form.

Seufleben, and others, think that the cause of its great destructiveness lies in the greater power of percussion. The power of percussion (or the living force,) of two guns of the same weight, is in proportion to the square of the relative velocity at the moment of striking. If we now measure it with regard to the initial velocity (i. e. that one by which both projectiles left the barrel), we come thus to a safe method for judging its power of destructiveness. To obtain then a large initial velocity with the Chassepot, the barrel has a box of 11 millimeters and a long leaden ball in the form of a cone, with a sharp truncated point, so that it is broadest at the base; these balls weigh only 25 grammes, and the usual charge of powder is large (5.5 gramme). This gives a range up to 1,200 paces (1,000 metres, 3,280 feet) and a flat curve for the path of the projectile, therefore, also a

greater certainty of hitting in the vertical plane of the gun. The great disadvantage of the Chassepot consists, that the gun has no certainty of hitting in its horizontal plane, the causes of which are too large a chamber, too great a squeezing of the ball in its passage through the bore and the use of pressed powder in the cartridge, and lastly, too light a ball, to counteract the resistance of the air, particularly the wind; the cartridge is chargeable for these faults, and not so much the gun. The same may be said of another disadvantage, frequently causing severe injuries, namely, the ignition of the cartridge during loading.

Sourier and V. Paoult Deslongchamps relate cases where the right hand was thus injured. The latter thinks that the explosion takes place at the moment when the hand strikes the lever of the moveable cylinder necessary for the introduction of the cartridge in the barrel. Both agree that the cause of the explosion is imperfect cocking of the percussion needle which penetrates the percussion cap at the moment when the cartridge is pushed forward in the barrel.—*Schmidt's Ichrb.* 1870. 8.

Errata.—In the article preceding the above, "*What relation has hæmoptæ, etc.*" pp. 574, 575, 576, where the word *alocoli* occurs, read *alveoli*.
 Page 575, 8th line, for *set*, read *sets*.
 Page 576, 17th line, for *nominal*, read *normal*.
 Page 576, 16th line, for *remain*, read *remains*.
 Page 576, 17th line instead of "*where,*" read *from the diseased spot*.

Societies, etc.

Homœopathic Medical Society of Alleghany County, Pa.—At the regular meeting for October, held at the Homœopathic Hospital, Pittsburgh, the following resolutions were offered and unanimously adopted:

WHEREAS, Thomas Hewitt, M. D., has been recently convicted in the criminal court of this county, for an attempt to procure abortion; therefore

Resolved, That he be and is hereby expelled from this society, and that the Secretary is hereby instructed to strike his name from the roll of membership, and notify the said Hewitt of the fact.

Resolved, That the Secretary send copies of the above to the journals of our school for publication.

J. H. M. CLELLAND, M. D., *Secretary*.

Homœopathic Medical Society of the State of Wisconsin.—The sixth annual meeting commenced in Milwaukee on the sixth (6th) day of October. The President called the meeting to order, after which the roll was called and the minutes of the previous meeting read and approved,

There were thirty present of whom the following were members :

T. J. Patchen, J. S. Douglass, G. W. Perrine, A. M. Warner, N. A. Gray, Wm. VonderHorst, L. E. Ober, E. C. Main, H. E. Boardman, A. W. Gray, D. T. Brown.

The following new members were received :

J. W. Angell, A. C. Kellogg, G. Shepard, B. F. Holmes, L. A. Bishop, S. J. Martin P. J. Montgomery, L. Tabor, G. R. Shaw, E. L. Jones, A. Kendrick, LaFayette Lake, S. Sherman, Stephen Bathrick.

Suspension of regular order of business was moved and carried. It was then moved by Dr. Ober that a committee of three be appointed, of which the President should be chairman, to consider the subject of seal and licenses ; upon being put to vote, the motion was carried ; and Dr's. Ober and Patchen appointed.

Dr. Boardman, moved that the Temporary Examining Board, appointed by the President, having granted licenses during the past year, the same shall be, and is hereby sanctioned by the society. Carried.

In accordance with motion by Dr. Perrine the society voted that the Board of Censors be empowered to grant special licenses, either for the practice of medicine, or that of medicine and surgery, Dr. Boardman then moved that all licenses granted be limited to one year. This motion was carried, also that of Dr. Ober empowering the License Board of the past year, to continue the licenses by them granted, until the next annual meeting, and giving power to the same Board to act during this meeting.

Dr. Perrine then moved that we reconsider the motion limiting the time of licenses. Upon the acceptance of this motion by the society, he further moved that all licenses granted shall terminate at the annual meeting following date of licenses. Carried.

Dr. Patchen then moved that all candidates receiving licenses shall pay to the society, the sum of five dollars, (\$5 00), and all licentiates receiving a renewal license shall pay the same amount. And said money shall be the property of the society. Carried.

Motion for adjournment until 1:30 o'clock was then made and carried.

AFTERNOON SESSION.

That we should proceed with regular order of business was then moved and carried.

The following committees appointed at the last meeting reported:

Dr. Douglass—Materia Medica.

Dr. Ober—Obstetrics.

Dr. Patchen—Obstetrics.

After the discussion of these papers. Cases in practice were reported by Drs. Ober, Shaw, Perrine, E. W. Clark and others.

Dr. Ober then moved that delegates be appointed to the following named medical societies:

American Institute of Homœopathy; the State Societies of New York, Illinois, Minnesota, Indiana, Michigan, Ohio and Iowa.

The motion being put to vote and carried, the President appointed as follows:

American Institute of Homœopathy—G. W. Perrine.

New York State Homœopathic Medical Society—N. A. Gray.

Illinois State Homœopathic Medical Society—H. E. Boardman.

Minnesota State Homœopathic Medical Society—L. E. Ober.

Indiana State Homœopathic Medical Society—A. Kendrick.

Michigan State Homœopathic Medical Society—T. J. Patchen.

Ohio State Homœopathic Medical Society—Henry Pierce.

Iowa State Homœopathic Medical Society—E. C. Maine.

Dr. Perrine then moved that when we adjourn, we adjourn to meet on the day preceding the meeting of the Illinois State Homœopathic Medical Society. Carried. The motion was followed by one to the effect that the next annual meeting of this society shall be held in Milwaukee, which was also carried. On motion the society then proceeded to the election of officers which resulted as follows:

President.—T. J. Patchen.

Vice-President.—G. R. Shaw.

Secretary.—N. A. Gray.

Treasurer.—D. T. Brown.

On motion a committee of three, (3), were appointed to nominate Board of Censors. Nomination and election resulted in the choice of Drs. Douglass, R. B. Brown and Perrine.

Drs. Shaw, Boardman and Maine were constituted the Nominating Committee.

Motion was then made and carried giving power to delegates to medical societies to appoint substitutes.

Prof. Lord of the Hahnemann Medical College of Chicago, being present was invited to address the society. The invitation was accepted. He spoke somewhat at length of the growth of the Hahnemann College, and of what they were doing towards raising the standard of medical education.

After which a number of the members discussed and urged the question of elevating the standard of medical education.

The Committee on Seal and Licenses being called for, their chairman answered that they had no report to make as there had been no time in which to consider the question, and asked that

they might be discharged. A motion granting their discharge was put to vote and carried.

Dr. Perrine then moved that the incoming Board of Censors act as a committee to design Seal, form of License, and certificate of membership, also to procure the same. Carried.

It was then moved that the President and Secretary be added to the committee.

The following committees were appointed to report on scientific subjects at the next annual meeting.

Materia Medica—Drs. Sherman and Douglass.

Dilutions—Dr. Wm. Vonder Horst.

Foreign Substances in the Lungs—Dr. P. J. Montgomery.

Uterine Tumors—Dr. E. N. Clark.

Diseases of Children—Dr. D. T. Brown.

Surgery—Drs. G. W. Perrine and R. B. Brown.

Physiology—Dr. J. W. Angell.

Skin Diseases—Dr. S. J. Martin.

Scarlet Fever—Dr. A. C. Kellogg.

Clinical Medicine—Dr. Holmes.

Pathology—Dr. H. E. Boardman.

Alternation of Medicines—Dr. A. W. Gray.

Varicose Ulcers—Dr. G. R. Shaw.

On motion the Secretary was instructed to publish a synopsis of the proceedings of this meeting in the morning papers.

Adjournment was then moved and carried. After which the members of the society together with their ladies were invited to an entertainment by Dr. N. A. Gray, at his residence on Mason street.

N. A. GRAY, *Secretary*.

The Central New York Homœopathic Medical Society.—This Association met this afternoon, Sept. 15th, at Dr. Hawleys office; the Vice President, Dr. S. Spooner, of Oneida, in the chair. Present—Drs. Spooner, Schenck, Jones, Wallace, Belding, Frye, Benson, Boyce, Hawley, Truman, Clary, Miller, Southwick, F. Biglow and Brewster.

Drs. Schenck, Wallace and Belding were appointed a Committee on Credentials, who report the name of J. P. Truman, M. D., of Scott, who was elected a member of the Society.

The Secretary read an article on Precision in Prescribing, by Prof. J. H. P. Frost, M. D. of Milton, Pa., which was illustrated by several cases, showing the doctor's method of prescribing. The cases were cases of intermittent fever, mostly cured with Eupat perf. 6.

The article was discussed by Drs. Clary, Schenck and Boyce.

Dr. Boyce said that he had secured the most satisfaction in the treatment of intermittent fever, with Natrum mur. 200.

Dr. Schenck spoke of his success in the same disease with Arsenicum.

Dr. Hawley related a case cured with Colchicum, one dose; he also spoke of cases cured with Bryonia, 200, and of one case with Carbo veg.

The Secretary read an article on *Apis mellifica*, its applicability in Scarlet fever, Diphtheria and Dentition, by Ad. Lippe, M. D., of Philadelphia. An interesting discussion followed on this remedy.

Dr. Boyce reported a case of headache cured with *Lachesis*, 200, one dose, after *Belladonna* had failed, although it seemed to be indicated. The headache was relieved by *Lachesis*, 200, in five minutes after it was administered. After the headache was relieved there appeared the peculiar drug symptom of *Lachesis*, where the patient wants the throat and neck uncovered; this passed off next day. The relief in this case by *Lachesis* 200, has been confirmed since then by other trials on the same patient.

The Secretary read another article from Dr. Ad. Lippe, "Liberty in Medical Opinion and Action." This was discussed at some length, and the Secretary was ordered to send it to some periodical for publication.

On motion, the thanks of the Society were ordered to be tendered to Drs. Frost and Lippe, and their articles on Precision in Prescribing and *Apis m.* were ordered to the Publication Committee.

On motion, Dr. Boyce was requested to furnish the members some remedy to be proven.

Dr. Jones spoke of several interesting cases which he had treated the past summer.

Adjourned to meet again in three months.

P. OSCAR C. BENSON, Sec'y.

Military Tract Homœopathic Society, (Illinois.)—Pursuant to call, the homœopathic physicians of this and adjoining counties met at Galesburg, at the office of G. W. Foote, M. D., Nov. 1, 1870. The meeting was called to order at 11½ o'clock, by Dr. Foote, and temporarily organized by electing Dr. T. J. Merryman, of Aledo, chairman, and Dr. J. H. Miller, of Abingdon, secretary. Dr. Foote then read letters from Dr. T. Bacmeister, of Toulon, and other physicians who could not be present, expressing strong sympathy in the object of the meeting—the organization of a District Association of Homœopathic Physicians.

The physicians present spoke briefly on the same point, agreeing that such an association would be mutually advantageous.

On motion, the president appointed Drs. Miller, Bacmeister, and G. H. Carr to draft a constitution and by-laws for the association. Also Drs. M. S. Carr, F. L. Westfall and McCleary a committee to arrange a programme for the afternoon.

The report on programme was made and adopted.

A communication from Dr. Lathrop, of Burlington, was presented and read.

Dr. M. S. Carr and others spoke briefly on the diseases prevalent the past season.

The committee on constitution made their report, which was considered by sections, and after slight amendment, adopted.

President—T. Bacmeister, M. D., of Toulon.

Vice-President—W. C. Anthony, M. D. of Princeton.

Gen. Secretary—J. H. Miller, M. D., of Abingdon.

Provisional Secretary—G. W. Brewington, M. D., of Wataga.

Treasurer—T. J. Merryman, of Aledo.

Dr Bacmeister then delivered a short but interesting address respecting methods of selecting remedies. A copy was requested and furnished for publication.

Upon motion, Galesburg was selected as the next place of meeting.

On motion, the President was instructed to appoint some person to deliver a popular address at the next meeting of the Society.

Several cases of interest were reported and discussed at length. At a late hour the Association adjourned, to meet on the first Tuesday of January, 1871, at Galesburg.

T. Bacmeister, M. D., Toulon; F. L. Westfall, M. D., Prairie City; A. M. Westfall, M. D., Prairie City; Geo. H. Carr, Galesburg; M. S. Carr, Galesburg; T. J. Merryman, Aledo; E. Parsons, Kewanee; J. Harts Miller, Abingdon; S. R. Breed, M. D., Monmouth; G. N. Brewington, Wataga; R. B. McCleary, Monmouth; G. W. Foote, Galesburg; Jno. B. Vivion, Galesburg; A. C. Copperthwaite, Galva; Potter, Maquon; J. B. Brooks, Geneseo; N. O. Blaisdell, Macomb; C. S. Hollingsworth, Keithsburg; S. J. Bumstead, Pekin; J. O. Hoffman, Mendota; J. M. Evans, Peoria; G. H. Patchen, Burlington, Iowa; N. C. Anthony, Princeton; R. B. Jenks, Rock Island; S. Bishop, Moline; J. Lathrop, Burlington.

Homœopathic Mutual Life Insurance Company of the City of New York.—Reference to the new advertisement, on the cover of the present number, will show the rapid progress of this excellent institution. The growth has been regular, steady and satisfactory to all interested.

W. Paine, Esq., of East Saginaw, Michigan, has been recently appointed General Agent of the Company for the State of Michigan, and we commend him, and the institution he represents, with much pleasure, to the homœopathic physicians of the State. We are glad that the company has found an energetic man who can devote sufficient time to make the superior advantages of this company known throughout the State.

The company are now paying their first dividend, which averages from 18 to 35 per cent. *Its assets exceed a third of a million dollars, safely invested.* It issues about 130 policies a month.

The work which such a company is doing for homœopathy is not sufficiently valued by the profession generally. Considering the benefits which accrue, every homœopathic physician should be ready to aid the agents of the company, and thus assist in extending its advantages, and making the system to which we are devoted still more popular.

CLOSE OF THE YEAR 1870.

According to promise we make up the full amount of *six hundred* pages of reading matter for the year. When bound it will be found a convenient volume for reference. The index is full and has been prepared with care. As we have omitted the usual magazine heading of each month, and have arranged the matter from the commencement with special view to its appearance and utility as a bound volume, and have studied to make it more and more valuable each month, we believe that all our subscribers will be satisfied with the result. Not that we have yet attained that excellency in its conduct to which we aspire, but we are grateful to our friends who have assisted to make it what it is. Without their aid it would never have reached its present position. Without a corps of efficient editors, and good contributors, no journal can meet with general favor with the profession.

FOR 1871

We propose to print *over six hundred pages*. How much over will depend upon the number of new subscribers we may receive. If each of our present readers will interest himself in making the *Observer* known among his friends, and getting us one new subscription we can add a larger number of pages, without increasing the subscription, than many would think could be afforded for two dollars.

Payments for subscriptions have come in with a degree of punctuality for which we make a grateful acknowledgment. A few still owe for 1870, and according to our rule (*three dollars at end of the year*), \$3 will be the amount due, but if such will promptly remit four dollars it will be credited for this year and next, and receipt sent. All remittances to be by postal orders, registered letters, or banker's checks, and the charge for registration or order may be deducted from the amount remitted,

A large part of January number is already in type and it will be published in due season.

E. A. L.

INDEX TO VOL. VII.

	PAGE.
Annual record of Homœopathic Literature, 1870, notice of..	447
American Agriculturist, notices.....	45, 82, 154
Anatomy, descriptive and surgical, by H. Gray, F.R.S. notice of	445
American Institute of Homœopathy 190, 253, 255, 256, 347, 498	
Aloes, symptoms of, by Mrs. V.....	432
American Journal of Hom. Mat. Med., notice of.....	226
Albuminuria, Merc. cor. in.....	411
Anæmia of the brain.....	55
Acne of Bromide of potassium, the.....	289
Ayer, R. J., notice of removal.....	256
Apoplexy.....	56
Arnica in Hygroma.....	294
Aikman, P. A., personal notice of.....	109
Aneurism of Thoracic Aorta.....	409
Adams, R. E. W., notice of death of.....	110
Æsculus Hippocastanum.....	404
Allopathy illustrated.....	198
Allopathic testimony for Homœopathy.....	291
Annual address, by A. Wilder, M. D., notice of.....	226
Aphasia, four cases of.....	334
Absurdities of some homœopathic practitioners.....	268
Alcoholic solutions, water in.....	299
Asiatic Cholera.....	311
Aletris in vomiting of pregnancy.....	338
Appropriations to homœopathic institutions of New York..	351
Artificial pupil.....	465
Anæsthetics, two new.....	467
Anæsthesia, nitrous oxide.....	178
American Dispensatory, notice of.....	505
Apis mellifica in Ovarian Tumor.....	474
Appreciative.....	501

	PAGE.
Army surgeons as privileged non-combatants.....	496
Army surgeon students.....	501
An important trial.....	477
Andrews, Joel R., notice of death.....	512
Aneurism of the Aorta.....	518
Acute Mania, Hydrate of Chloral in.....	536
Aconitum napellus.....	531
American Chemist, the.....	544
American Entomologist and Botanist.....	544
American medical journalism.	551
Age at which menstruation commences.....	555
Aurist and Oculist, the wandering.....	339
Any Port in a Storm.....	558
Avery, Edward W., personal notice of.....	464
Avery, Henry N., personal notice of	464
Barnes G. W. Dr., personal notice.....	48, 159
Bæhr's Therapeutics, review of.....	49
Barrett Charles B., personal notice of.....	205
Bancroft A. A., personal notice of.....	207
Barber H. A., personal notice of.....	408
Bracing the mind.....	500
Babies' legs.....	500
Bennett D. M., personal notice of.....	560
Bellows Albert J. Dr., notice of death.....	48
Burrows J. H., notice of death.....	512
Biliary calculi, Chloroform in.....	471
Bladder female, stone removed by dilatation.....	496
Bladder, tapping the male.....	181
Blue Milk.....	434
Bony Anchylosis of the elbow joint.....	424
Brain, inflammatory affections of.....	57
Brain, anæmia of the.....	55
Brain, hyperæmia of the.....	51
Bilious colic cured by Dioscorea villosa.....	415
Biliary calculi.....	412
Botanical Magazine, notice of.....	352
Boardman W. H., notice of removal.....	256
British Journal of Homœopathy, notice of	84
British Monthly Homœopathic Review.....	84
Biggar H. F., notice of marriage.....	160
Brown Jos. D., personal notice of.....	207

	PAGE.
Brown, Jos. D., removal notice of.....	109
Bromide of Potassium.....	110, 160, 396, 555
Big pills, recommendation of quack medicine.....	195
Beecher, Henry Ward, value of laughter.....	254
Blot, Professor, anecdote of the cook.....	559
Cataract and its surgical treatment.....	22
Carbolic acid, poisoning by.....	31
Carbolic acid in hysterical vomiting.....	33
Carbolic acid, use of.....	555
Carbolic acid in chronic vomiting.....	34
Carbolic acid.....	202
Cause of tuberculosis, the.....	69
Catarrh case of.....	112
Climatology.....	112, 150
California, climate of southern.....	150
Centipede, bite of the.....	31
Ceonothus Americana.....	160
Consumption, mortality of.....	139
Cincinnati Homœopathic Med. Dispensary.....	186
Cleveland Homœopathic Hospital College.....	42, 104, 158
Chicago Medical Times.....	151
Chemistry, the chair of.....	96
Chemistry of medicine.....	46
"Christian Union," notice of.....	82, 154
"Christian Standard," notice of.....	83
Clark Geo. R., notice of death of.....	48
Clarke L. E., notice of death of.....	110
Chicago Academy of Sciences.....	104
Chicago Academy of Medicine.....	105
Consumptives, a home for.....	111
Compulsory.....	111
Chronic vomiting, Carbolic acid in.....	34
Chloroform and Ether.....	547
Chloroform in biliary calculi.....	471
Chloroform, death from.....	461
Chloroform, loss of speech from.....	528
Chloroform syncope, a remedy for.....	465
Cholera mortality.....	463
Coburn, E. S. personal notice of.....	205
Cheever, T. A. removal of.....	109
Chloral, relaxing power of.....	422

	PAGE.
Collins, H. A. personal notice of.....	108
Confessions of mistakes characteristic of great physicians...	200
Cullis, Charles personal notice of.....	108
Cushing, A. M. personal notice of.....	205
Cerebro-spinal meningitis.....	202
Caspari, Dr. notice of death.....	256
Child, living, weighing only 24 ounces.....	204
Clinical notes and observations relating to Brom. of Potas..	396
Comments on a late review.....	220
City Hospital, Utica, New York.....	349
Cholera, Asiatic.....	311
Colored physicians.....	355
Colton, D. A. personal notice of.....	408
Croup, membranous.....	413
Coccyodynia.....	419
Contra-indications to the employment of Chloral.....	423
Chicago Hahnemannian Col. and Hosp., laying corner-stone of	451
Central New York Homœopathic Medical Society.....	581
Climate of Kentucky.....	509
Clarke, Henry B., personal notice of.....	511
Cabarrus, Edward de, notice of death.....	512
Chassepot gun, effects of.....	577
Continued constant current in inflammation, etc., of prostata	525
Certainly not; quackery.....	195
Could'dt afford it; the sexton's retort.....	196
Charity list, the physicians.....	196
Cured, hams or patients.....	339
Cold, a fresh; anecdote of Theodore Hook.....	339
Chinese doctor's fees.....	559
Catastrophe; Chloroform anecdote.....	558
Cholera infantum complicated with congestive chills.....	529
Chelidonium majus in headache.....	536
Chloral, notes on.....	537
Chloral, pathogenetic effect of.....	472
Coating of the tongue.....	539
Cough Repertory, notice of.....	544
Contusions and wounds of abdomen.....	545
Correction relative to Hahnemann Med. College of Chicago.	556
Cooper, Isaac, personal notice of.....	560
Cotton as a substitute for lint.....	576
Close of the year 1870.....	584

	PAGE.
Digestion, a good, anecdote of Foote.....	254
Died cured ; anecdote.....	254
Dental Surgery, Admiral Foote.....	254
Die house, an allopathic hospital.....	254
Doctor will charge for it.....	558
Drift of modern medicine, by A. C. Pope, M. R. C. S.....	83
Death from Chloroform.....	461
Delirium tremens, Digitalis in.....	536
Doryphora, cases of cure by the.....	95
Drowning, sensation of.....	570
Diseases of the eye, ear, and skin... ..	120
Diseases of the spinal cord.....	205
Diseases of the heart.....	463
Death, diagnosis of by the pupil.....	121
Dilatation treatment for phymosis, sudden.....	422
Dilating operation.....	423
Dynamics of the nervous system.....	161
Digitalis in delirium tremens.....	536
Drake, E. H. personal notice of.....	256
Disease, the essential nature of.....	436
Diseases of the eye, treatise on, notice of.....	353
Diphtheria.....	418
Dysmenorrhœa, Ustilago madis in.....	412
"Dry earth" treatment for wounds.....	548
Ether, an important physiological effect of.....	34
Eaton, H. B. personal notice of.....	511
Effects of the Chassepot gun.....	577
Ellis, E. R. personal notice of.....	511
Encephalitis, or cerebritis.....	58
Eclampsia cured by Belladonna.....	395
Eclampsia inquiries.....	460
Eclampsia inquiries, reply to.....	498
Epilepsy.....	435
<i>Et tu Brute</i>	155
Errata.....	464, 578
Essential nature of disease, the.....	436
Extirpation of the entire larynx.....	465
Epitaphs, Dr. Fuller, Dr. Chard.....	254
Franklin, E. C. personal notice of.....	408
Fehling's solution.....	297
Fool, a talented, anecdote of Schleicher.....	196

	PAGE.
Fortunate.....	462
Forceps, frequency of use.....	127
Fincke's High Potencies.	197 and 402
Follicular Angina.....	257
France.....	311
<i>Fiat Justitia</i> , an explanation.....	340
Fish, E. W. personal notice of.....	464
Field, H. G. notice of death.....	512
Galvanism, an antidote to Gelseminum poisoning.....	32
Gardiner Richard, notice of removal.....	256
Gelseminum, antidote to.....	32
Gelseminum, in night sweats.....	535
Garside, W. B. notice of death of the wife of.....	355
Georgia.....	499
Gatchell, H. P. Prof. personal notice.....	48
Grasmuck, L. notice of removal.....	312
Grauvogl Von Dr. personal notices of.....	109 and 464
Grauvogl, V. <i>Lerbuch der Homœopathie</i>	361 and 390
Glycerine for Anatomical specimens.....	112
"Good Health," notice of.....	153 and 448
Generous, anecdote of Dr. Pillsbury.....	195
Gravestones after drugs, in order.....	254
Have we Charlatans among us?.....	490
Hay Fever, comments on a case of.....	18
Homœopathic Medical College of Missouri.....	255
High dilutionists in London, England.....	253
Home and Health.....	253
Hahnemann, Madame personal notices of.....	206 and 207
HAHNEMANN SAMUEL, <i>In Memoriam</i>	208
Hahnemann Medical College, Chicago.....	42, 158, 495 and 556
Hahnemann Medical College of Philadelphia... ..	42, 104, 158, 183
Hahnemann Homœopathic Hospital of New York..	159 and 451
Hall's Journal of Health, notice of.....	111
How to produce sexes at will.....	233
Hamisfar, C. W. personal notice of.....	159
Homœopathy and the doctors, notice of.....	226
Holcombe, W. H. Dr. personal notice.....	48
Homœopathic hand book by Dr. J. A. Clond, notice of.....	84
Herald of Health, notice of.....	153
Homœopathy in Columbia, South America.....	205
Homœopathic Insane Asylum.....	190

	PAGE.
Homœopathic Medical Directory of Great Britain, 1870.....	191
Hyperæmia of the brain and membranes.....	51
Homœopathic physicians who are preachers.....	202
Homœopathy in India.....	205
Head, diseases of the.....	61
"How to treat the sick without medicine," notice of.....	152
Hysterical vomiting, Carbolic acid in.....	33
Hahnemann Hall.....	463
Hunt, Dr. F. personal notice of.....	109
Hales new remedies, Leipsic, 1869.	405
Haywood, E. S. personal notice of.....	205
Helmuth, W. Tod, personal notice of.....	408
Hendricks Dr. personal notice of.....	206
Hom. treatment of hooping cough, book notice of... 354 and	502
Homœopathy in Mexico.....	346
Homœopathic Medical Society of the State of Pa... 255 and	349
Homœopathic Medical Society of Ohio.....	256
Homœopathy in the University of Pesth.....	311
Hydrate of Chloral.....	293
Hygroma, Arnica in.....	294
Hildreth, J. S. notice of death.....	408
Hour of death the.....	356
Heroic remedy.....	356
Homœopathic Hospital Philadelphia.....	450
Hunter, T. C. notice of removal of.....	355
Homœopathic Medical Society of the State of New York 464,	455
Heart, diseases of the.....	463
Hypodermic surgical diagnosis.....	466
Hydrate of Chloral in Tetanus.....	471
Homœopathic law recognized.....	472
Human vaccination versus animal vaccination.....	496
Hell and Dyspepsia.....	501
"Hearth and Home," notice of..... 507 and	543
Hydropathy.....	462
Hering Constantine, personal notice of.....	511
Hamamelis in Uterine Hemorrhage, use of.....	521
Hydrate of Chloral in acute mania.....	536
Heart symptoms, cured by Aconite.....	536
Hair preparations.....	539
Homœopathy triumphant.....	560
Hæmoptœ, what relation has it to tuberculosis pulmonum...	574

	PAGE.
Homœopathic Medical Society of Alleghany county, Pa....	578
Homœopathic Medical Society of the State of Wisconsin...	579
Homœopathic Mutual Life Insurance Company of N. Y....	583
Homœopathic Military Tract Society, (Illinois).....	582
Hallucination, Guinea pigs and absinthe.....	339
Introductory to 1870.....	3
Inertia of the Uterus, Secale for.....	513
Iris in salivation	554
Illustrated Annual of Phrenology, etc.....	47
Iodoform as an ulcer dressing.....	465
Independent, The.....	47
Inhalations in phthisis pulmonalis.....	266
Influence of the mental over the physical.....	433
James, Bushrod W. personal notices of.....	464 and 511
James, John E. Dr. notice of marriage,.....	48
Jahr, Dr. personal notice of.....	207
Johnson, D. A. removal notice of.....	109
Jones, S. A. personal notices of.....	408 and 464
Juglans cinerea.....	111
Immediate danger.....	356
Improved vaginal speculæ.....	178
Insurance against sickness.....	203
Irregular regulars.....	359
Important trial, an.....	477
Importance of a single symptom, the.....	528
Illinois Military Tract Homœopathic Society.....	582
Kali bromatum, (<i>Brom. of Pot.</i>)..85, 241, 274, 396, 399, 555, 556	
Kali bromatum in occipital headaches.....	93
Kali bromatum in nymphomania.....	93
Kuechler, C. F. personal notice of.....	108
Keener, H. N. removal notice of.....	109
Kansas Homœopathic Medical Society.....	454
Kentucky, climate of.....	509
Liscomb, S. J. personal notice.....	48
Lady's Homœopathic manual, notice of.....	503
Lilium tigrinum.....	346
Law, a good.....	104
Lecture on diseases of women, by R. Ludlam, M. D., notice of	504
Locations, new.....	110, 160, 207, 312, 355 and 512
Laryngitis chronica simplex.....	561
Laryngitis, Stillingia in.....	537

Lerbuch der Homœopathie, by V. Grauvogl.....	361
Lerbuch der Homœopathie, review by Dr. Hempel.....	361
Larynx, extirpation of the entire.....	465
Laugh cure, the.....195, 254, 339, 462, 508 and	558
Laughter, value of, Henry Ward Beecher.....	254
Laying of corner stone of new Hahnemann Col. and Hosp...	451
Laryngoscopy made easy.....	235
Ladies Aid Society of Hahnemann Hospital of N. Y. city...	456
Lectures clinical and didactic, notice of.....352 and	449
Loss of speech from Chloroform.....	528
Longevity.....	501
Lint, cotton as a substitute for.....	576
Maternity, a treatise for young wives and mothers, notice of	447
Menstruation, age at which it commences.....	555
Medical pomposity <i>vs.</i> common sense.....	541
Mosman, E. P. notice of death.....	512
McCorkle, T. N. removal notice of.....	109
McCort, P. J. personal notice of.....	207
Mitchell, J. J. removal notice of	109
McGeorge, Wallace, marriage notice of.....	109
Merrill, S. G. notice of removal.....	355
Merryman, T. J. marriage notice of.....	109
Moor, P. notice of removal.....	355
Medical ethics.....342, 457, 497 and	549
Medical College for Women.....	456
Medical education.....	463
Modern French surgery.....	463
Medical education of women.....	493
Meyhoffer's chronic diseases of the respiratory organs.....	507
"Medical Times," notice of.....	543
Materia Medica cards, Dr. T. S. Hoyne's, notice of.....	544
Military Tract Homœopathic Society (Illinois)....	582
Male bladder, tapping the.....	181
Milk, human, contribution to the study of, review.....	12
Madmen for chancery.....	356
Malpractice.....	356
Malpresentations, Pulsatilla in	252
Maine Homœopathic Society.....	306
Morgan, A. L. notice of removal.....	256
Morden, R. J. P. Dr. personal notice.....	48
Mortality of Cincinnati,.....	356

	PAGE.
My first steps, by Prof. T. P. Wilson.....	98
Measles.....	416
Meddlesome midwifery.....	124
Mercurius corr. in albuminuria.....	411
"Manufacturer and Builder," notice of.....	154
"Medicine of experience," the.....	301 and 441
Minnesota Institution for the deaf, dumb and blind.....	159
Membranous croup.....	413
Medical Investigator.....	193
Materia Medica Bureau.....	399
Manual of clinical medicine and physical diagnosis.....	194
Merrill, S. G. notice of marriage.....	355
Mortality for 1869 for Detroit.....	202
Mexican Homœopathic Institute.....	311
Medical fees	203
Michigan Homœopathic Institute.....	255, 307 and 348
Milk, blue.....	434
Mind, bracing the.....	500
New York Homœopathic College.....	42, 182, 456
New York County Medical Society.....	104
New York State Homœopathic Medical Society.....	104 and 187
New York State Homœopathic appropriations.....	400
Night sweats, Gelseminum in.....	535
Neuralgia, surgery for.....	468
Nichol, Thomas, M. D. personal notice.....	48 and 511
<i>Nil Nove Sub Sole</i>	475
Nice.....	150
Nitrous Oxide Anæsthesia.....	178
North Eastern Hom. Medical and Surgical Dispensary.....	83
Notes on special therapeutics.....	471 and 535
Novel mode of dressing wounds.....	177
Novel operation.....	468
Nymphœa odorata.....	202
Notes on Chloral.....	537
Not so trifling, the quack.....	559
New York Central Homœopathic Medical Society.....	581
Nervous system, dynamics of the.....	161
Occipital headaches, Kali bromatum in.....	93
Oak Grove Sanitarium.....	560
Obesity, the obese French lady.....	339
Omission in our provings, an.....	443

	PAGE.
Origin of rhinoscopy.....	424
"Occidental," notice of the.....	111
"Ohio Medical and Surgical Reporter".....	191 and 354
Ovarian tumor, apis mel. in.....	474
Ovarian enlargement, Kali bromatum in.....	556
Ovariectomy, successful.....	178
Obstetrics, Pulsatilla in.....	126
Physician the, health and intemperance.....	339
Palmar pulse, anecdote.....	339
Practical joke	462
Personal.....	559
Prescription not followed.....	559
Pneumonia, Veratrum viride in.....	30
Poison of the Tarantula.....	32
Paracentesis pericardii.....	28
Pathogenetic and clinical notes.....	30
Pain in the side cured by Kali Bromatum.....	399
Puerperal convulsions.....	122
Pregnancy, Aletris in vomiting of.....	338
Pharmacodynamic notices.....	419
Pathological inquiry answered.....	439
Pseudo membranous croup.....	128 and 209
Pretender a.....	138
Peters, John C. personal notice of.....	256
Physicians hand book for 1870.....	82
Physician of the olden time.....	273
Piper, J. R. personal notice of.....	355
Poulson, P. W. removal notice of.....	109
Provings, an omission in our.....	443
Plans, views and specifications of a model house, notice of...	449
Pulsatilla in Obstetrics.....	126
Pulsatilla in mal-presentations.....	252
Preventive obstacle, or conjugal onanism, notice of.....	225
Protoplasm Bathybius.....	253
Production of sexes at will.....	234
Progressive muscular atrophy.....	333
Practical and systematic treatise on fractures and dislocations.	353
Philadelphia Homœopathic Hospital.....	450
Peterson, James, notice of death.....	464
Pupil artificial.....	465
Pathogenetic effect of chloral.....	472

	PAGE.
Podophyllin.....	474
Pregnancy, possible duration of.....	542
Poisoning by Carbolic acid.....	31
Quackery rebuked.....	204
Quackery, Dr. Rock.....	195
Rhinoscope.....	29
Relaxing power of chloral.....	422
Riehle, Charles E. Dr. notice of death.....	48
Rheumatism, gout and sciatica, notice of.....	544
Ross, John R. Dr. notice of death.....	48
Roberts, C. G. notice of removal.....	312
Recommendations of Observer.....	10, 157 and 312
Regulations for the American Observer 300, 340, 400, 457 and	549
Remedy for Chloroform syncope.....	465
Regular physician.....	104
Reed, Jacob jr., personal notice of.....	109
Rhinocopy, origin of.....	424
Respiratory affections of childhood.....	128, 209 and 391
Reply to Dr. Griffins letter to Mr. Atherly, notice of.....	225
Relative health of the higher strata of air.....	253
Ruden, C. notice of removal.....	256
Reply to Eclampsia enquiries.....	498
Ring it, anecdote.....	559
Stillingia sylvatica in syphilis.....	31
Sedative action of calomel in disease.....	425
Scarlatina.....	313
Sarracenia purpurea, reference to proving of.....	33
Saxony.....	312
Sex, what are the causes of.....	227
Small-pox.....	273
Scammon Hospital.....	307 and 311
Sanborn, personal notice of.....	109
Shatz, W. F. notice of marriage.....	207
Small-pox, to prevent pitting in.....	253
Screw hook for removing foreign bodies.....	239
Spasmus glottidis by Thomas Nichol, M. D., Ed.....	36
Sex of foetus.....	233
Sexes at will, production of.....	234
Shilling Manual of Pharmacy, notice of.....	226
St. Louis College of homœopathic physicians and surgeons..	158
Speculum and retractor, combined wire.....	204

	PAGE
Spinal irritation.....	60
Shirley, G. Y. personal notice of.....	108
Stiletto swallowed.....	110
Stomach, intestines and peritoneum, diseases of.....	63
Some relations of climate to disease.....	139
Shirley G. Y. notice of death.....	160
Sulphur as a remedy for neuralgia and intermittent fever....	83
Successful Ovariectomy.....	178
Spinal cord, diseases of the.....	205
Smith, J. M. marriage notice of.....	109
Sewing machine and the health of female operators.....	539
Secale for inertia of the uterus.....	513
Saw dust pills, an effectual remedy.....	254
Souls.....	462
Specified bill.....	462
Sir James Y. Simpson's courtship and marriage.....	508
Scarlatinal croup.....	391
Swan, G. E. notice of marriage.....	355
Scott, James L. marriage notice of.....	109
Simpson, James Young Sir, notice of death.....	312
Stevenson, E. personal notice of.....	159
Self-Sacrifice.....	356
Stewart, D. G. personal notice of....	159
Schley, P. T. notice of removal	256, 464
Surgery, some new appliances in.....	305
Society for the spread of homœopathy in Wurtemberg.....	311
Strong, D. O. K. notice of removal	312
Stomach pump superseded.....	465
Surgery for Neuralgia.....	468
Surgical diagnosis.....	468
Silversmiths colic, the	484
Stone in the female bladder removed by dilatation.....	496
Sunstroke.....	496
Suicide of Leroy.....	500
Sawdust pills.....	254

	PAGE.
Singular case of experimental Surgery and its result.....	546
Salivation, Iris in.....	554
Sensation of drowning.....	570
Smith, C. Carleton, personal notice of.....	560
Sex, What are the causes of.....	227
Suicidal mania—drowning.....	573
Tarantula, poison of the.....	32
Transactions of the Homœopathic Medical Society N. Y.....	463
Trance.....	501
“Technologist, The” notice of.....	154
Traumatic tetanus.....	178
That “Obscurity”.....	345
Therapeutic uses of Chloral.....	424
Therapeutics, notes on special.....	471, 535
Tuberculosis, cause of, by Dr. R. Gregg.....	69
Tapping the male bladder.....	181
Tappen, W. C. notice of death of.....	110
Tuberculosis and Hæmoptœ.....	574
Typhoid fever.....	113, 335
Tape worm.....	160
Talcott, A. G. notice of removal.....	355
Tipple, R. D. notice of marriage.....	207
Tindall, Van R. notice of removal... ..	256
Tongue, coating of the.....	539
Tympanitis.....	263
Union Homœopathic Medical Society of Richland, etc., Ohio	186
Ulcer dressing, Iodoform as an.....	465
Urethral stricture.....	546
Uterus, extirpation of the.....	253
Uterus, Secale in inertia of.....	513
Unfortunate, very.....	302
Unavoidable.....	559
Ustilago madis in Dysmenorrhœa.....	412
United States Medical and Surgical Journal, notice of.....	445
Use of Hamamelis in uterine hæmorrhage.....	521
Veratrum viride in pneumonia.....	30

	PAGE.
Varicocele treated without operation.....	422
Vaccination and vaccinators.....	407
Vaccination (<i>El criterio medica</i>).....	421
Variety in correspondence.....	205
Vance, J. W. notice of removal.....	256
Verdi, T. S. personal notice of.....	408
Vick's Illustrated catalogue.....	47
Viets, E. W. notice of marriage.....	207
Vesical or Urinary Stammering.....	423
V., Mrs. symptoms of Aloes.....	432
Valentine, P. G. personal notice of.....	511
Verification of Stillingia symptoms in a case of laryngitis...	537
Very unfortunate.....	302
Vomiting, Carbolic acid in hysterical.....	33
Vomiting, Carbolic acid in chronic.....	34
Washington Territory, a contribution to climatology.....	358
Wilkinson, James Garth, personal notice of.....	256
Westfall, B. R. personal notice of.....	109
Weather the.....	110
Washington Homœopathic Medical Society.....	306, 351
Women admitted to Michigan University.....	112
Women studying medicine.....	346
Women physicians—anecdote.....	196
Western Homœopathic Observer, notice of.....	154
Western Institute of Homœopathy.....	351
Winslow Mrs., soothing syrup.....	201, 339
Wisconsin State Homœopathic Medical Society.....	454
West the, dangerous.....	203
What are the causes of sex?.....	227
Woodbridge, A. W. notice of marriage.....	355
Walker, A. personal notice of.....	464
What is truth?.....	480
What is quackery?.....	493
Wilder, Louis de V. personal notice of.....	511
Wounds, dry earth treatment for.....	548
Zincum oxydatum in spermatorrhœa.....	30
Zincum met. and Cuprum met.....	295

CONTRIBUTORS AND AUTHORS, 1870.

	PAGE.		PAGE.
Allen, T. F.....	12	Jablonsky, Dr.....	263
Avery Edward W.....	439	Lodge, Edwin A.....	40,
Boynton, F. M.....	233	45, 101, 338, 342,	
Boardman, W. H.....	433	457, 448, 497, 549	
Brown, D. Dyce.....	521	Lilienthal, S.....	257, 263,
Browne, Lillian Gilbert...	570	266, 293, 295, 333, 416,	
Buckner, Th.....	405	418, 419, 421, 525, 574	
Cauch, R.....	93 and 412	Lorbacher, Dr.....	266
Craig, J. D.....	45 and 407	Lente, F. D.....	425
Clawson, C. D.....	413	Muller, Carl... 21, 11, 155,	
Colton, D. A.....	161	220, 249, 302, 402, 404, 477	
Cook, E. G.....	69	Merrill, S. A.....	531
Drake, E. H.....	335	Merrell, J. C.....	277
Delevan, J. Savage.....	415	Moore, George.....	313
Ellis John.....	122	Mossa, Dr.....	416
Elsburg, Dr.....	235 and 239	Nichol, T.....	36, 128, 209, 391
Fish, E. W....	46, 96 and 298	Payne, N. M.....	338
Fraser, E. J.....	518 and 560	Parker, E. D. L.....	395, 498
Gatchell, H. P..	139, 227, 390	Poole, Thos. W.....	480
Gale, S. M.....	359	Routh, J. W.....	252
Garnsey, C. Alex.....	435	Rittenhouse, S. R.....	528
Goodwin, T. S.....	529	Searle, W. S. 113, 120, 409, 513	
Gross, Oscar.....	419	Seeger, F.....	425, 434, 561
Hale, Edwin M. 30, 31, 32,		Smith, W. W.....	126
33, 34, 85, 93, 95, 241,		Silva, Da.....	333
274, 358, 396, 399, 471,	535	Shipman, Geo. E.....	390
Hirsch, Jo.....	257	Schley, P. F.....	411
Hammond, Dr.....	281	Stevenson, G....	554
Hempel, C. J.....	361	Skoda, Prof.....	574
Hughes, Alfred.....	268	True, O. W.....	460
Hunt, D.....	297	Tobold, Von Adelbert....	561
Jones, Samuel A.. 17, 151,		Valentine, P. G.....	509
301, 340, 436, 441,		Woodruff, C. S.....	233
443, 465, 475, 484		Wilson, T. P.....	98
James, Bushrod W.....	22,	Watson, Wm. H.....	349
28, 29 30, 177, 422,			
423, 424, 465, 545			

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